

Peer Review File

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**Reviewer A**

**Comment 1:**

This manuscript comprises of a single centre case series of children diagnosed with opsoclonus myoclonus syndrome associated with neuroblastoma. Although small, cases from Asia have been very limited and this will provide a good and growing addition to such publications. Overall, this manuscript is well considered and discussed.

There are two major points the authors need to address:-

The first and most important is really framing this cohort to the well-established reports of long term neurocognitive sequelae of OMS. They need to concentrate on more contemporary and larger multicentre cohorts and a few key ones include:-

- Brunklaus et al., Pediatrics. 2011;128(2):e388-94.
- Hasegawa et al., Brain Dev. 2015;37(7):656-660.
- Pranzatelli et al., Front Neurol. 2017;8(SEP):153–158.

Secondly, the literature supporting the role for immunotherapy really needs highlighting and here the key works are:-

- Mitchell et al., J Child Neurol. 2015;30(8):976-982.
- Sheridan et al., Dev Med Child Neurol 2020 Dec;62(12):1444-1449.

Other comments comprising of areas where the language might be improved, some internal inconsistencies, and some difficulties understanding the tables:-

**Reply 1:** Firstly, these papers are applied as reference and the long term neurocognitive sequelae of OMS-NB are discussed

Secondly, the role of immunotherapy are not systematically studied in this paper because all patients are identified with NB. Chemical therapy are systematically studied in this paper.

We reviewed all the languages and corrected some grammar mistakes. Also we simplified the content of the table for earlier understanding.

**Comment 2:**

Abstract

Line 20 - of (not about)

21 – speed of recovery

28 – could be observed – opsoclonus was observed in

Reply 2: We double checked and accept the suggestion

20 - Line 3

21 - Line 4, we used 'rate of recovery'

28 - Line 10-11

Comment 3:

Introduction

48 – not really the definition of opsoclonus; Myoclonus – tautology

50 – in 50% of children with OMS

60 – check reference – this has not been reproduced

66 – is it controversial? It is insufficient alone certainly

Reply 3: We agree with this suggestion, I have revised the article.

Change in the text are as follows:

48 - Line 27 - 29,

50 – Line 29

60 – Line 34 -36

66 – Line 39 -41

Comment 4:

84 – reference Gesell score

Reply: Gesell developmental schedules (GDS)

Change in the text: Line 76-79

88 – why excluded? How many? Would be an interesting cohort... as a natural history cohort if they are a significant number

Reply: There were two participants were excluded, because they refused further treatment or follow-up after they were diagnosed with OMS-NB. The reason were stated in the paper.

Change in the text: Line 57-58

91 - researcher?

Reply: We agree with this suggestion, I have revised the article.

Change in the text: Line 59

99 – is this sufficient to make a diagnosis of OMS? (it isn't I think) – but 135 suggests all fulfilled the diagnostic criteria

Reply: We agree with this suggestion. There is a typo (2 out of 3 not 1 out of 3) in the original text. I have revised the article.

Change in the text: Line 65-66

Comments 5:

119 – please explain the symbols (and is it appropriate i.e are the data normally distributed) – and I note that you go on to present data as median (range)

Reply: The data are not normally distributed; I have revised the article.

Change in the text: Line 81-82

**Comments 6:**

200- I don't understand this explanation?

Reply: This sentence has been deleted.

**Comments 7:**

205 – as in the longer time it takes to recover, the better the outcome? This seems illogical,

257 – I am not sure this is an accurate reflection. You present language impairment in 78%, behavioural changes in 93% at 6 months to 1 year, with a large proportion achieving 'recovery' defined as whether the parents think the child is similar to their peers. I suspect your conclusion may reflect how you have asked the question: I suspect most parents are guilty of favourably comparing their children to others and some sort of more robust/ objective assessment would be valuable. I worry that down-playing the long term neurocognitive sequelae of OMS may discourage early and proactive treatment (particularly with immunomodulation which is rather glossed over)

Reply:

205: grammar mistake. They point we wanted to make was that as time moves on, the sequelae might improve after therapy. I deleted this comment in the paper.

257: We agree with this suggestion. Due to the influence of COVID-19, most children can not return to the hospital for further assessment. Considering that parents assessment might be judgemental, we applied academic achievement instead as it is more objective .

Change in the text: Line 136-142

**Comments 8:**

Table 2: I find it very hard to follow this table. I assume the bottom three lines are comparisons of those with and without symptoms? It is really confusing, not least as I think you are presenting

Reply: We agree with this suggestion, we have revised this Table.

Change in the text: Table 3

**Comments 9:**

References – require more consistent formatting

Reply: We agree with this suggestion. I have revised the article.

**Reviewer B**

While the subject of OMS outcome is of interest, the number of subjects is far too small for most of the analyses, and the outcome measure of "asking parents to compare the child to others of their age" is meaningless. Comparing what parents say

about their girl's motor skills to what parents say about their boy's skills has obvious biases, in that parents may expect far more (i.e. athletic skills) of boys. In addition, the article needs a full rewrite by someone with greater skills in English, as there are numerous grammatical errors and incomplete sentences.

Reply:

(1) The subject of this paper is OMS-NB, which is a rare disease, not OMS. Over the period of over 8 years , only these 14 cases were detected in our hospital, and this number is the largest in PRC in record.

(2) We agree that 'asking parents for the kid's performance' might not be the best source of data for our study. We applied some more objective scale such as academic performance.

(3) We rewrite the paper and gramma is double checked.