

## Peer Review File

Article information: <http://dx.doi.org/10.21037/tcr-22-1120>

### Reviewer A

Comment 1:

It would be better to add Embase and Cochrane databases regarding literature search.

Reply 1:

Thank you for this valuable suggestion. We had searched Embase and Cochrane databases, and the last searching date was also limited on Dec 31, 2020. No record met the inclusion criteria. But we add the two databases in our searching strategy in our text. Changes in the text: Method and Page 4, line 7

Comment 2:

It would be better to exclude 2 cases of not reported pathology in Table 1.

Reply 2:

Thank you for this valuable suggestion. Clinical manifestations and imaging were consistent with clinical diagnosis (whose title had declared as “neuroblastoma”, even though the pathology was not reported neuroblastoma or ganglioneuroblastoma as detail) in the two cases, and they provided the information which was also important for our analysis such as age, location of tumor and neurologic symptom, etc.

Comment 3:

It would be better to change the title as follows: "Comparison of mediastinal and non-mediastinal neuroblastoma and ganglioneuroblastoma associated with opsoclonus-myoclonus syndrome: A systematic review and meta-analysis."

Reply 3: Thank you for this valuable suggestion. We have modified our text as advised, and it seems to be more comprehensive.

Changes in the text: The title.

Comment 4:

Please edit the Tables and References according to the guideline for authors;

Reply 4: Please accept my deepest apologies, we have modified our tables and references according to the guideline.

Changes in the text: The table and the references.

## **Reviewer B**

### Comment 1:

The paper is poorly written and contains numerous grammatical errors on nearly every page of the manuscript. This needs to be extensively revised and proofread by a native English speaker.

### Reply 1:

We apologize for the poor language of our manuscript. We worked on the manuscript for a long time and the repeated addition and removal of sentences and sections obviously led to poor readability. We have now worked on both language and readability and have also involve native English speakers (mentioned in the acknowledgement) for language corrections. We really hope that language level has been substantially improved.

### Comment 2:

In the section “Comparison of children with OMS and neuroblastoma in different locations” (p. 12), I suggest directly comparing (with p values) each aspect of clinical presentation, histology, etc, rather than listing all characteristics of mediastinal neuroblastoma and then all characteristics of non-mediastinal neuroblastoma. The way the manuscript is currently written makes it challenging for the reader to make these comparisons.

### Reply 2:

Thank you for this valuable suggestion. The section “Comparison of children with OMS and neuroblastoma in different locations” is duplicated with the Table 2, and we have deleted the section for better understanding. Table 2 summarizes the syndromes with all reported cases, and the section “Characters in mediastinal and non-mediastinal neuroblastoma” compared each aspect of clinical presentation (with p values).

Changes in the text: The section “Comparison of children with OMS and neuroblastoma in different locations”, Page 14, line 4-6

### Comment 3:

Figure 2 is very pixelated. Please improve the quality of this Figure in the revision.

### Reply 3:

Thank you for this valuable suggestion. We have modified the quality of Figure 2(up to 300DPI).

### Comment 4:

In the Discussion (p. 17), the authors directly quote entire sentences from the paper of Brodeur. The authors should rephrase these quotes in their own language rather than directly quoting.

Reply 4:

Thank you for this valuable suggestion. We have modified our text as below:” This is in line with Brodeur GM’s theory of “spontaneous regression” by an “anti-tumor immune response”, he argued that all children with OMS should have had neuroblastoma, but less than half of the children with OMS were found to have solid tumor due to the spontaneous regression, which was called autoimmunity caused by the existence of the tumor.”

Changes in the text: Page 19, line 10-14

Comment 5:

The authors only list 1 of the 4 mechanisms discussed by Brodeur in his paper. Please elaborate upon all 4 mechanisms in the Discussion.

Reply 5:

Thank you for this valuable suggestion. We have modified our text as advised: ” Brodeur GM reviewed several possible mechanisms of the spontaneous regression of neuroblastoma: (1) neurotrophin deficiency: alterations of TrkA neurotrophin receptor dependence or lack of nerve growth factor (NGF) in the microenvironment; (2) loss of telomerase activity or shortening of telomere; (3) tumor destruction mediated by anti-tumor immune responses in humoral or cellular immunity; (4) alterations in epigenetic regulation and other possible mechanisms: Changes in gene methylation or histone modifications”

Changes in the text: Page 19, line 14-20

Comment 6:

The statement on p 18 “In summary, OMS may inhibit the occurrence and progression of mediastinal and non-mediastinal neuroblastoma” is not justified by any evidence that the authors present. They may only make the claim that OMS is possibly associated with disease progression, but they cannot claim causality based upon their findings.

Reply 6:

Thank you for this valuable suggestion. We have modified our text as advised:” In summary, OMS may be possibly associated with the progression of mediastinal and non-mediastinal neuroblastoma. ”

Changes in the text: Page 21, line 16-17