



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	2014_JCTI_15723
Title of the Manuscript:	Intracranial hemangiopericytoma in a 15 year-old child: neuroimaging features and management therapy.
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	It is generally well-written and organized. I have some suggestions for the authors to improve the "readability" of the manuscript for the "average" reader. 1-Abstract - Consider the following suggestions for the abstract: kindly delete this paragraph because you already mention it in the case presentation in the abstract We discuss the clinical, radiological, histological features and management of an intracranial anaplastic hemangiopericytoma in a 15 year-old child through a literature review. 2- Introduction: Ok 3- Case presentation: More details are required regarding the	1- We agree with you. The paragraph is deleted. 3-The lesion was, indeed, extra-parenchymal and hemorrhagic with modest blood

	surgical procedures 4- Discussion: Treatment strategies for the management of intracranial please refer to the systematic review J Neurosurg. 2010 Aug;113(2):333-9. You mentioned Adjuvant radiotherapy has a definite role in the treatment of HPR while recent article (J Neurosurg. 2010 Aug;113(2):333-9.) mentioned Treatment with gross-total resection provides the greatest survival advantage and should be pursued aggressively as an initial therapy. The addition of postoperative adjuvant radiation does not seem to confer a survival benefit	spoliation. Dura was thick, vascularized and invaded by the tumor. Arachnoid sheet was present in places between the tumor and the parenchyma. 4- the paragraph is corrected and the reference (J Neurosurg. 2010 Aug;113(2):333-9) is cited. The effect of adjuvant radiotherapy the treatment of HPR is discussed. Several studies have shown that that postoperative radiotherapy decreases the local recurrence rate (28, 33, 34) and improved survival outcome (34) . However, these results are not accepted by all authors. Indeed, HPR may be a relatively radioresistant lesion and the addition of postoperative radiation does not confer a survival benefit compared with gross-total resection (30).
Optional/General comments		