



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	I thank the authors for this interesting case. A few comments are to be made: 1. The abstract has grammatical and spelling errors and is not structured (papillary should be pupillary, exceptionnal should be "is exceptional" or "rare" etc). 2. Case presentation: the patient does have previous records...the authors probably meant no previous relevant medical history. 3. The authors should clarify what they mean by a frontal syndrome (premotor syndrome, frontal release signs etc). 4. How do the authors explain the change in visual acuity in the patient? 5. What was the ki67 index? This should be added to figure 2. 6. What was the logic for radiotherapy if there was GTR resection? How many fractions? Was consideration to radiosurgery given?	1- Corrections were made 2- Correction was made 3- The patient was apathetic with reduced verbal fluency. 4- change in visual acuity may be due to increased intracranial pressure and grade 3 papilledema 5- Ki67 index was 25%. 6- Radiotherapy was indicated because the tumor was grade III anaplastic hemangiopericytoma. 54 Gy in 27 fractions of 2 Gy, 5 days a week. Radiosurgery is not yet used in our country.



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	7. When was another 10 Gy given (how long after the original radiotherapy)? Why? Where is the evidence for such a protocol? Was radiosurgery contemplated at this point? 8. Meningeal hemangiopericytomas are unique in that they frequently metastasize outside the CNS. The most common sites of metastasis in descending frequency are bone, lung, and liver. The authors ignore this unique and crucial point throughout the manuscript. No mention of whole body imaging / nuclear scans and findings. No mention of postoperative systemic follow-up, and no discussion about the treatment and follow-up implications of this unique feature.	7- 10 Gy was given 3 month after original radiotherapy. there is no standard protocol for this case, but after a neuro-oncology multidisciplinary staff, it has decided not to operate the tumor recurrence and to deliver additional radiation dose of 10 Gy in order to stop tumor growth. 8- No metastases were found on body scan after 1 year of follow up. However, nuclear scan has not been practiced.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		