



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	2015_JCTI_16798
Title of the Manuscript:	Leiomyosarcoma of the kidney: case report and literature review
Type of the Article	Case Study

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)
Compulsory REVISION comments	- The abstract must be structured with subheadings (Introduction, Presentation of Case, Discussion, Conclusion); the manuscript should follow the structure of abstract (Introduction, Presentation of Case, Discussion, Conclusion); the abstract should give a complete idea of the manuscript for easy reading and to encourage them to go on to the full article; the introduction is too short and should better contextualize the topic in question; - in the Presentation of Case Authors should explain the reason for unresectable mass preferring as first treatment neoadjuvant chemotherapy; - the Discussion section should be enlarged about the therapeutic program; - in a literature review Authors should examine and discuss, citing more articles on the topic. For example: 1. Sharma D, Pradhan S, Aryya NC, Shukla VK. Leiomyosarcoma of kidney: a case report with long term result after radiotherapy and chemotherapy. Int Urol Nephrol. 2007;39(2):397-400. 2. Xiong ZB, Shi M, Kunwar A, Chen N, Zhang P, Zeng H, Li X. Primary leiomyosarcoma of the kidney: a clinicopathological study of 13 cases at a high-volume institution. Sichuan Da Xue Xue Bao Yi Xue Ban. 2012 Jan;43(1):86-90. 3. Ellouze S, Abid N, Kossentini M, Gouiaa N, Charfi S, Mhiri N, Boudawara T. Leiomyosarcoma of the kidney. Clin Genitourin Cancer. 2011 Sep;9(1):68-9. 4. Yuan-Hung Pong, Vincent F.S. Tsai, Shuo-Meng Wang. Primary leiomyosarcoma of the kidney. Formosan Journal of Surgery. 2012;45:124-126.. 5. Kim YJ, Moon HS, Lee ES, Sung JK, Jeong HY, Kim JY, Kang DY. Recurrent renal leiomyosarcoma mimicking a colonic submucosal tumor: a case report. J Korean Soc Coloproctol. 2011 Oct;27(5):270-4. 6. Yodonawa S, Ogawa I, Yoshida S, Ito H, Kato A, Kubokawa R, Tokoshima E, Shimoyamada H. Gastric metastasis from a primary renal leiomyosarcoma. Case Rep Gastroenterol. 2012 May;6(2):314-8.. Etc.	- I have indicated that the induction chemotherapy was chosen to make tumour respectable with clear margins which leaving understand that the surgeon have judged it will be better to have a reduction in tumour volume to make the resection easy and complete. - The literature data is poor about therapeutic program (it is the goal to report such case which suggests that neoadjuvant chemotherapy is delaying the surgery which is the only curative treatment) - I think that I have examined many interesting manuscript, and a case report manuscript is not supposed to include a huge literature review especially when there is nothing other to add!!?



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<u>Minor</u> REVISION comments	- Authors must complete the third reference and add possibly DOI number and PUBMED ID.	
<u>Optional/General</u> comments		