



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_19169
Title of the Manuscript:	Evaluation of cardiac biomarkers in detection of cardiomyopathy induced by cardiotoxic chemotherapeutic agents
Type of the Article	Original Research 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)
Compulsory REVISION comments	-- There are some mistakes regarding to typing and also grammar such as followings. Line 10-11: The whole sentence should be rewritten. Line 42: 'use' should be 'used'. Line 60-62: The whole sentence should be rewritten to be more clear. Line 63: 'neurohormones' should be 'neurohormone'. Line 81: 'aim the present study' should be 'aim of the present study'. The numbers and also percents in the section of discussion should be checked. -- Aim of the authors is to evaluate the biomarkers predicting the heart failure due to cardiotoxic effect of doxorubicin. Authors affirm that plasma NT-proBNP level is significant to predict the heart failure. However 6 patients in study group had high NT-proBNP levels before chemotherapy, moreover only 18 patients developed diastolic dysfunction and also 2 patients developed systolic dysfunction after chemotherapy although NT-proBNP levels of 46 patients increased. So, actually this data supports many previous papers reporting that NT-proBNP levels may increase in cancer patients independent of the development of heart failure, may be due to other causes which could have not been explained exactly. With this data, nobody can reach a conclusion that NT-proBNP predicts the development	Corrected Corrected Corrected Corrected Corrected Corrected Systolic LV dysfunction 2 (3.8%) + Diastolic LV dysfunction 12 (23.1%) + Pericardial effusion 18 (34.6%) = 32 (60%) patients develop cardiotoxicity and NT-proBNP levels of 46 (88.5%) patients increased. Only NT-pro-BNP is significantly increased after first and last cycle of Doxorubicin therapy and after six months chemotherapy, percentage of positivity is significantly more with NT-pro-BNP than other cardiac markers from baseline data. Though with this data, we can not reach a conclusion that NT-proBNP predicts the



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	of heart failure.	development of heart failure but from these data we may say that NT-pro-BNP is the better cardiac marker to detect the cardiotoxicity of Doxorubicin.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		