



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_19631
Title of the Manuscript:	Squamous Cell Carcinoma of the Kidney and Renal Pelvis: A Review of the Literature
Type of the Article	Review 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 2: Review Comments

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's 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 Line 24 to 27.. Perhaps if patients who have undergone treatment for kidney stones are carefully followed-up with, for example, ultra-sound-scans (and/or MRI and when eventually required a CT scan properly indicated and performed,) (avoiding CT scan which could possibly induce malignancy over many years this is a long discussion...) for a long time PSCCR/Ks may be diagnosed at an early stage of the disease in order to provide early curative treatment. ----- Perhaps if patients who have undergone treatment for kidney stones are carefully followed-up with radiological imaging using ultra-sound-scans especially! ~~xxxx(avoiding CT scan which could possibly induce malignancy over many years and MRI scans which on the whole are expensive)...~~ Change this. . AVOID THE IMPLEMENTATION OF THESE TESTS IN SELECTED PATIENTS IS TO DISCONTINUE DETECT AND DIAGNOSIS ..) for a long time PSCCR/Ks may be diagnosed at an early stage of the disease in order to provide early curative treatment. Sugestion: “ Perhaps if patients who have undergone treatment for kidney stones are carefully followed-up with, for example, ultra-sound-scans (and/or MRI and when eventually required a CT scan properly indicated and performed,) (avoiding CT scan which could possibly induce malignancy over many years this is a long discussion...) for a long time PSCCR/Ks may be diagnosed at an early stage of the disease in order to provide early curative treatment.”.	The suggestion has been incorporated thanks
Minor REVISION comments	Line 150. MRI. Suggestion to add AND/OR THINK...



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	In patients with impaired renal function, static MR urography can help detect tumors of the upper urinary tract, especially in obstructed kidneys. The use of diffusion-weighted imaging (DWI) sequences associated with conventional T1- and T2-weighted sequences increases the accuracy and sensitivity of Uro-MRI. FERNANDES, Daniel Alvarenga et al . Spontaneous rupture of renal pelvis secondary to ureteral obstruction by urothelial tumor. Rev. Assoc. Med. Bras., São Paulo , v. 60, n. 5, p. 415-417, Oct. 2014 . Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302014000500415&lng=en&nrm=iso>. access on 08 July 2015. http://dx.doi.org/10.1590/1806-9282.60.05.006 ... OK Line 125..CT scan.. Suggestion to add AND/OR THINK Although the etiology of cancer is considered to be multifactorial , to provide continuing medical education for physicians, general radiologists, medical imaging physicists and CT technologists to competently manage radiation dose and to use new computed tomography technologies as low as reasonably achievable (“Image Gently” and “Image Wisely” -Radiation Safety in Adult Medical Imaging) can be an important discussion to be held, especially in these patients.	This has been incorporated
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Optional/General comments

Line 125..CT scan.. Suggestion to add

In addition to technological improvements in MDCT, refinements in the tests radiological orientation have probably contributed to increase the capacity to detect abnormalities. Different techniques have been used, such as abdominal compression, administration of intravenous saline solution, diuretics or both, "log-rolling" (asking patients to roll 360°) prior to excretory phase to maximize opacification and distention of the urinary tract.

FERNANDES, Daniel Alvarenga et al . Spontaneous rupture of renal pelvis secondary to ureteral obstruction by urothelial tumor. **Rev. Assoc. Med. Bras.**, São Paulo , v. 60, n. 5, p. 415-417, Oct. 2014 . Available from <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-42302014000500415&lng=en&nrm=iso>. access on 08 July 2015.
<http://dx.doi.org/10.1590/1806-9282.60.05.006>

LESÕES FOCAIS RENAIS

- Papel do US- Cistos simples*/ complexos/ sólida/ hiperecogênica (AML x CCR)



- TC- Vascularizada: > 1,5 cm: > 15 UH/ 10-15- duvidoso*/ 0-10- artefato
< 1,5 cm: > 20 UH/ 15-20- duvidoso/ 10-15- artefato

Radiology 1999;213: 468-472
Radiology 2000;218:782-796

- Tu. sólidos renais: 80% malignos (+ CCR)/ FN US (<1 cm)- 38% (Clín. - TC)

Sem CT, US, MR: 2009;30 (4) 313-35

- Benignidade e tamanho- < 1 cm- 40%/ > 4cm- menos de 10%

Thanks the suggestion has been incorporated