SDI Review Form 1.6

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	

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	1. **Imprecise abstract** (poor material and methods, there are no results, no relationship between conclusions and the article…) 2. **Unnecessary data:** too many data at the beginning of the paper, specially regarding to unspecific test (glucose, liver function, coagulation...) and no comments about the role of endoscopic diagnosis (ureteroscopy, pyelography, percutaneous diagnosis and biopsy…) 3. **List of papers:** more than 15 papers listed one by one specifying the clinical cases treated, with every detail about diagnosis, treatment or pathological features. It would be much better to summarize results sorted according to diagnosis, treatment, pathological stage and survival for example. A table summary would be appreciated and shorter. 4. **Role of MRI.** Author suggest in conclusions a yearly MRI in patients treated of kidney calculi… However, this oncological entity is very uncommon, as the author recognizes, while several thousands of patients are treated of renal calculi every year all over the world… It would be at least an inefficient screening test, as well as probably insufficient. Moreover, the author does not recommend an annual CT in these patients, while many guidelines and studies demonstrate that the best test in the follow-up of urolithiasis	

	is non-contrast CT scan. 5. **Role of endoscopic diagnosis:** ureteroscopy (rigid or flexible) are common instruments in the diagnosis and/or treatment of upper urinary tract urothelial carcinoma. Doubtful cases should undergo an endoscopic examination (ureteroscopy or RIRS) to take biopsies and selective urinary cytology… However, this approach in not commented in the paper.	
Minor REVISION comments	I would suggest to change - length of the article - more concise and organized	
Optional/General comments	1.- Good pictures from histological microscopic analysis	

Reviewer Details:

Name:	**Vital Hevia**
Department, University & Country	**Urology Department, Hospital Ramon y Cajal, Spain**