



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_20417
Title of the Manuscript:	Prognostic Value of KRAS Mutations in Patients with Colorectal Cancer: South Egypt Cancer Institute Experience
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 <i>(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)</i>
<u>Compulsory</u> REVISION comments	It is necessary to edit the text of the total manuscript, because there are many grammatical and stylistic errors. Starting from introduction with section 1. subsections should be numbered (for example 2.1 (then 2.1.1, 2.1.2, 2.2, etc.), up to three levels (see Author's Instruction). Research Papers and Short Notes should follow the structure of ..., Methodology, ..., Acknowledgements, Competing Interests, Authors' Contributions, Consent (where applicable), Ethical approval (where applicable), and References plus figures and/or tables), (see Author's Instruction). Majority of the results are very similar to another data of different publications, because the mutations of codons 12 and 13 are being investigated very well. The references of the manuscript are old. There are only one article of 2013 and two articles of 2012. For example, there are not the references for the articles: <i>"The KRAS StripAssay for detection of KRAS mutation in Egyptian patients with colorectal cancer (CRC): a pilot study. Abd El Kader Y, Emera G, Safwat E, et al. J Egypt Natl Canc Inst. 2013;25(1):37-41."</i> El-Jawhari JJ, El-Sherbiny YM, Scott GB, et al. Blocking oncogenic RAS enhances tumour cell surface MHC class I expression but does not alter susceptibility to cytotoxic lymphocytes. Mol Immunol. 2014;58(2):160-8. Yu Imamura, Paul Lochhead, Mai Yamauchi, et al. Analyses of clinicopathological, molecular, and prognostic associations of KRAS codon 61 and codon 146 mutations in colorectal cancer: cohort study and literature review. Mol Cancer. 2014; 13: 135.	



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	Rosty C, Young JP, Walsh MD, et al. Colorectal carcinomas with <i>KRAS</i> mutation are associated with distinctive morphological and molecular features. <i>Mod Pathol.</i> 2013;26:825–834. Day FL, Jorissen RN, Lipton L, et al. PIK3CA and PTEN gene and exon mutation-specific clinicopathologic and molecular associations in colorectal cancer. <i>Clin Cancer Res.</i> 2013;19:3285–3296. Eklof V, Wikberg ML, Edin S, Dahlin AM, Jonsson BA, Oberg A, Rutegard J, Palmqvist R. The prognostic role of <i>KRAS</i>, <i>BRAF</i>, <i>PIK3CA</i> and <i>PTEN</i> in colorectal cancer. <i>Br J Cancer.</i> 2013;108:2153–2163. Wangefjord S, Sundstrom M, Zendeherkh N, et al. Sex differences in the prognostic significance of <i>KRAS</i> codons 12 and 13, and <i>BRAF</i> mutations in colorectal cancer: a cohort study. <i>Biol Sex Differ.</i> 2013;4:17. Hideaki Bando, Takayuki Yoshino, Eiji Shinozaki, et al. Simultaneous identification of 36 mutations in <i>KRAS</i> codons 61 and 146, <i>BRAF</i>, <i>NRAS</i>, and <i>PIK3CA</i> in a single reaction by multiplex assay kit. <i>BMC Cancer.</i> 2013; 13: 405. Akihito Kawazoe, Kohei Shitara, Shota Fukuoka et al. A retrospective observational study of clinicopathological features of <i>KRAS</i>, <i>NRAS</i>, <i>BRAF</i> and <i>PIK3CA</i> mutations in Japanese patients with metastatic colorectal cancer <i>BMC Cancer.</i> 2015; 15: 258. Jing Chen, Fang Guo, Xin Shi, et al. <i>BRAF</i> V600E mutation and <i>KRAS</i> codon 13 mutations predict poor survival in Chinese colorectal cancer patients. <i>BMC Cancer.</i> 2014; 14: 802. <i>KRAS</i> codon 12 and 13 mutations in relation to disease-free survival in <i>BRAF</i>-wild type stage III colon cancers from an adjuvant chemotherapy trial (N0147 Alliance) Harry H. Yoon, David Tougeron, Qian Shi, et al. <i>Clin Cancer Res.</i> 2014 June 1; 20(11): 3033–3043. etc. Therefore, I recommend to rewrite the introduction and the discussion.	
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<u>Minor</u> REVISION comments	Abstract: It is necessary to change “Sixty eight percent” to “68%”. It is necessary to change “2- year” to “2-year”. “<i>KRAS</i>” gene must be in italic type. Abstract: Generally non-standard abbreviations should not be used, if necessary they should be clearly defined in the abstract, at first use(see Author's Instruction). Abbreviations: Non-standard abbreviations should be listed and full form of each abbreviation should be given in parentheses at first use in the text(see Author's Instruction). Introductions: It is necessary to change “anti epidermal” to “anti-epidermal”. It is necessary to change “anti EGFR” to “anti-<i>EGFR</i>”. Methods: What is “and platelets >100.000”? Figure 1: The title of figure 1 should be rewritten without “are shown”. “(GenBank Accession # L00045) “ should be located int the description of the figure in the results. What is mean the violet background, cyanic and pale blue colors in the Figure 1? I recommend to define concretely that there are an exon 1 of the human cellular c-Ki-ras2 proto-oncogene in the Figure 1. What is “PNA-wt”? Table 1: I recommend to delete the Table 1 and carry out to the text these data.	
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	Figure 2: All symbols and abbreviations used in the illustrations should be defined clearly (see Author's Instruction). The title of figure 2 should be rewritten. I recommend to reformulate the subtitle "Follow up:". Results: Table 2 must be deleted, because there are an information of Table 4. Table 4: The "age" should be measured in diapason of years. It necessary to add the average parameters with $\pm$ in corresponding places. For Table 4 and 5: There is not any measuring parameters (% or ?). Where are the characteristics of control health people? For Figure 3 to 6: The caption should be concise and typed separately, not on the figure area (see Author's Instruction). Guideline for Reporting <i>P</i> values: <i>P</i> is always italicized and capitalized. Correct expression: (<i>P</i> = .05)(see Author's Instruction). The long same parts of phrases should not be in different parts of the article. For example, "clinicopathological variables (age, sex, tumour site, histology, grade, vascular invasion, tumor stage, nodal stage, or TNM stage)" is repeated in the results and the conclusion. Tables should be presented as per their appearance in the text(see Author's	
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	Instruction). Discussion: What is (SECI)? References: In the text, citations should be indicated by the reference number in brackets [3] (see Author's Instruction). All references should follow the following style: 1. Hilly M, Adams ML, Nelson SC. A study of digit fusion in the mouse embryo. Clin Exp Allergy. 2002;32(4):489-98. (see Author's Instruction).	
<u>Optional/General</u> comments	The title page should contain a brief title (see Author's Instruction). I recommend to rewrite it completely. For example, "Prognostic Value of <i>KRAS</i> Mutations in codons 12 and 13 in South Egyptian Colorectal Cancer Patients".	

Reviewer Details:

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