



**SDI Review Form 1.6**

|                          |                                                                          |
|--------------------------|--------------------------------------------------------------------------|
| Journal Name:            | <a href="#">Asian Oncology Research Journal</a>                          |
| Manuscript Number:       | <b>Ms_AORJ_39053</b>                                                     |
| Title of the Manuscript: | <b>ORAL MALIGNANT MELANOMA-A REPORT OF CASE AND REVIEW OF LITERATURE</b> |
| Type of the Article      | <b>Case study</b>                                                        |

**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>)

**PART 1: Review Comments**

|                                            | <b>Reviewer's comment</b>                                                                                                              | <b>Author's comment</b> (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) |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Compulsory</u></b> REVISION comments | <b>Please, provide clinical and histological documentation of the case for an appropriate evaluation of the potential publication.</b> |                                                                                                                                                                                      |
| <b><u>Minor</u></b> REVISION comments      | English language review is highly recommended.<br><br>Please clarify the ethical issue if any.                                         |                                                                                                                                                                                      |
| <b><u>Optional/General</u></b> comments    |                                                                                                                                        |                                                                                                                                                                                      |

**Reviewer Details:**

|                                  |                                                                                                                               |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Name:                            | <b><i>Ciro Dantas Soares</i></b>                                                                                              |
| Department, University & Country | <b><i>Department of Oral Diagnosis, Area of Pathology, Piracicaba Dental School, State University of Campinas, Brazil</i></b> |