



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_26676
Title of the Manuscript:	Immunotherapy as a Future Treatment for Relapsed and Metastatic Primary Pulmonary Sarcomas
Type of the Article	Commentary

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	Relevant work as comment. 1). Baral E, Nagy E, Kangas L, Berczi I. Immunotherapy of the SL2-5 murine lymphoma with natural killer cells and tamoxifen or toremifene. <i>Anticancer Res</i> 1997;17:77-84. [PubMed] 2). Nagy E, Baral E, Kangas L, Berczi I. Anti-estrogens potentiate the immunotherapy of the P815 murine mastocytoma by cytotoxic T lymphocytes. <i>Anticancer Res</i> 1997;17: 1083-1088. [PubMed] 3). Baral E, Nagy E, Kangas L, Berczi I. Combination therapy of the H2712 murine mammary carcinoma with cytotoxic T lymphocytes and anti-estrogens. <i>Anticancer Res</i> 1997;17:3647-3652. [PubMed] 4). Baral E, Nagy E, Kangas L, Berczi I. Combination immunotherapy of the P815 murine mastocytoma with killer cells, IL-2 and anti-estrogens. <i>Anticancer Res</i> 1997;17:3653-3658. [PubMed] I started Tumor Immunology in 1955. Then it was a scientific sensation and most serious people openly rejected this idea or took the let's wait and see stand. I remember to this date that my Pathologist colleague openly ridiculed me that I think tumors are immunogenic. Working with tumors, and I saw the immunogenecy I just replied, it will take time when he will get the message. We struggled with immunotherapy for years. The immune response was there always, but than it disappeared. Apparently, the immune system mounts an attack but the forces defending the caner are more powerful than are immune reactions. Mutations, production of immunoregulatory substances, the phenomenon of immunological enhanement of tumor growth, pehaps other mechanisms were, more efficient than immune reactions or treatment with a single agent in chemotherapy. I came across Dr. Edward Baral, who observed on cancer patients that anti estrogenic drugs acted on estrogen receptor negative and positive tumors equally well. He thought that the drug, Tamoxifen [TAM] was an	The expression of estrogen receptors and their manipulation with these agents will be briefly discussed. I will reference newer dated articles, a review of immunotherapy by Dr. Istvan Berczi as well as the article mentioned #4. Thank you. As stated in your conclusion, I will make sure to note multiple times that such additional therapies can be used in parallel to achieve the best possible prognosis; however, that such combinations and protocols would have to be experimented with as there is little data thus far.



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	immunoregulatory agent. When we tested it out TAM inhibited tumor growth. So we used jointly TAM and immune cells of various kind on syngeneic mouse tumors for testing. With this treatment we achieved consistently a therapeutic effect. Conclusions: single agents be it a drug or immune response cannot defeat cancer, it will escape. You have to find an agent which inhibits tumor growth and combine treatment with immune cells. Most immune cells will destroy the tumor. Many tumor cells have estrogen receptors so anti-estrogenic drugs could be applied. So immunotherapy may hold much promise but it will remain a promise for a long time! I suggest that the author of the current paper consults the above listed papers, which are highly relevant.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		