



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_29494
Title of the Manuscript:	Analysis Of Pelvic Lymph Nodal Metastasis In Operable Cases Of Cancer Cervix-A One Year Cohort Study
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 (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)
<u>Compulsory</u> REVISION comments	General comments: This study is a retrospective review of 80 patients with stage IA-IIA uterine cervical cancer treated with radical hysterectomy and pelvic lymph node dissection at a single institution. The authors found out that some findings including lympho-vascular invasion and deep stromal invasion and clinical stage had a significant relationship with pelvic lymph node involvement. They concluded that for patients with early stage cervical cancer, surgery is useful to detect risk factors and to decide adjuvant therapy according to the risk. The outcomes and conclusion may be reasonable, but unfortunately all of them have been presented in many previously published reports with much more patients and are well known nowadays. Therefore, there is no originality in this article. From this point of view, it seems that this article will give clinicians little new information. There are some problems that the author should clarify and revise as mentioned in the specific comments below. Specific comments: 1. Page 2, Materials and methods Authors mentioned that chest radiographs were routinely performed. Weren't other diagnostic modalities, such as chest and abdominal CT and pelvic CT/MRI, used to decide the clinical stage prior to surgery? If pelvic lymph node involvement	Yes this is a similar article, but about experience in our institution. Other modalities like chest and abdominal CT/MRI are needed but those were not possible in our setup where the patients are quite poor and cannot afford all such investigations. And i do agree with your management protocol. I have combined the tables and removed the charts. Thank you for your valuable suggestions



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	or distant metastasis is detected on these medical images, surgery is not the best choice of the treatment. In particular, for patients with pelvic lymph node involvement but with no distant metastasis, chemoradiotherapy should be considered as the initial treatment. 2. Page 2, Results I suggest that patient characteristics, including patient' age, histology, disease stage, and surgical findings, are summarized in a new table. 3. Page 2, Results What abbreviation is "PVI"? Please clarify it. 4. Tables 1 and 2 What abbreviation is NIL? Please clarify it. 5. Tables 2 and 3 These tables may be able to be combined. 6. Charts 1 and 2 What abbreviation is VE? Please clarify. Chart 2 may be dispensed with. 7. Tables and charts The authors should indicate the position to use the tables and charts in the text.	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		