



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_27025
Title of the Manuscript:	Circulating Prostate Gland Cells in Benign Prostatic Hyperplasia and Adenocarcinoma in Patients of African Heritage: diagnosis by liquid biopsy
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)
Compulsory REVISION comments	1. Introductory basis of the study missing: Rewrite with proper references supporting this study 2. The study at the end is unable to suggest any specific marker for differentiating BPH and ACP by this approach. 3. This study will be more meaningful if cell specific markers are identified.	
Minor REVISION comments	1. 'Fig. 4. Fifty prostatic acini that grew in suspension for 17 days from a patient with ACP.' Is not very clear to see prostatic acini 2. In 'Fig. 7. A monocyte cell culture on day 21 of cultivation from an ACP patient' author has mentioned 'There is possibly a mesenchyme layer (M) on which the acini/epithelial cells (arrows) are situated' but it is hard to distinguish the dots that author wants to focus. A clear image is required. 3. Fig. 8 does not provide information as author has mentioned in the explanation. No visible nuclei in H&E stain of fibroblasts. 4. line no 77 authenticity of verbal consent cite proper reference. 5. Line no 96 Lower urinary tract symptoms (LUTS) 6. Explain the status of free and bound PSA level in plasma of both BPH and ACP patients. 7. ACP cells can be distinguished using different CD markers, it	



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	will also tell whether these are circulating cancer stem cells?	
Optional/General comments	4. asis of selection for 34 patients having prostatic complications 5. Recent Prevalence of BPH and ACP in African heritage is missing. 6. How Epithelial and Stromal cells were identified after their isolation from BPH patients? 7. Few samples in the results are 'Not Done', reason? 8. Zoom is mentioned to be 400x but images appears to be under 40x only. Have they considered Camera zoom as Eyepice (10x) zoom? 9. Many images indicate Patient Number, whether author has performed experiment on a single patient only? Why? 10. Is is possible to differentiate between BPH and ACP conditions for Liquid Biopsy? Explain. 11. quantification of AR presenting cells should be done in blood plasma by using some advanced techniques to support the data 12. other prostatic molecular markers (western blotting techniques etc.) can be used for authentication and gene expression studies can be included in the present study	

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