



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	MS_JCTI_32940
Title of the Manuscript:	COMBINED INTRALIPID-UROOTHERAPY FOR PATIENTS WITH CANCER
Type of the Article	Review paper

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	The paper is designed as a review of combined intralipid- urotherapy usage in cancer. It has some limitations on language and need to fix grammer faults and use an open language. The title and the review doesn' t fit correctly. The urotherapy usage is referred to 1930s articles and there is not a good strongly scientific base to built up a review on it. "Urotherapy" is only used for 3 times as a word in the article and the part of urotherapy is very limited. Beside that there is a lot of information about immunotherapy, antibodies and antigens .Paper is like a general treatment methods of cancer review more than combined intralipid-urotherapy usage. It is 47 paged paper and really hard to understand and get a take home message. The given conclusion part 2 is irrelevant with the article.	To the best of my knowledge it is the second time this title is used in the medical literature. The first was also mine (as the creator of this title): Intralipid Treatment for Post Operative Delirium http://medcraveonline.com/JACCOA/JACCOA-07-00273.pdf In that regards there is an answer to all the remarks of the reviewer: The creative review gathers medical information from unlimited sources of medical database and then comes to a completely new conclusion that no one else as ever published it. It is not like a review which is bound by the current knowledge. It is a "creative" way of thought examination that creates new evidence from many sources unlimited to any doctrine by the search for the truth. The Medical Truth. For example I published the following article on 2012 : Intralipid for Amniotic Fluid Embolism (AFE)? http://file.scirp.org/Html/7-1920052_22244.htm On 2016 it rescued (the first time in the world !) a patient in Texas : Lipid Emulsion Rescue of Amniotic Fluid Embolism Induced Cardiac Arrest: A Case Report http://www.csen.com/AFE.pdf At that time I did not call it a "Creative Review" but it was really a creative review like the article I submitted now. So, based on the above: 1. Information from 1930s is still a valid information based on its interpretation by the creative review author. 2. Urotherapy is a well known practice in India. I am quoted as the first author suggesting its use in cancer by many websites based on my hypothesis from 1997 : Urotherapy for patients with cancer https://www.ncbi.nlm.nih.gov/pubmed/9160284



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		3. The data I am giving regarding "immunotherapy, antibodies and antigens" is the basis for this creative review combining auto urotherapy an Intralipid. 4. The Creative review is unbound to any rules of medical writing except the Rule of Medical Truth , so the Preconclusion, Conclusion Part 1 and Part 2 are its original way to describe the issue. I thank the reviewer for reading the 47 pages and allowing me to give my response.
Minor REVISION comments		
Optional/General comments		