



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:

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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. In line nos 169 -171, the authors have commented that tumor cells may evade immune surveillance by clonal evolution and then suggested to develop mechanisms to tackle the anergy or tolerance. This is no doubt an interesting and important suggestion, but the authors need to stress on the mechanisms by which clonal evolution is related to anergy or tolerance to immune surveillance in immunocompetent persons. 2. . In the second para with tumor antigens in urine subheading, the sequence of observations are not proper. The basic mechanism of secretion of tumor antigens into body fluids should be discussed first in brief followed by the observations citing their appearance in different body fluids and urine. 3. The limitation is that the discussions about the urotherapy in immunomodulation is not sufficient. Moreover, the information citing the relationship between auto-urotherapy and intralipid therapy are also lacking. The authors should emphasize why they give significant importance to the urotherapy induced improvement of different cancers and its advantageous link to the intralipids.	It is mentioned in the referred paragraph that "Gut associated lymphoid tissue has the capacity to generate potent immune responses on one hand, and to induce peripheral tolerance to external antigens on the other (51-53)." This issue will be evaluated in studies which I hope will be done based on this creative review. The urine is the place where these cancer antigens are easily collected and mixed with intralipid can be easily reintroduced to the body and its immune system. Both urine antigens as well as Intralipid are acting on the immune system. Based on this creative review Cancer is an Individual disease. It means that every patient with cancer has DIFFERENT individual cancer antigens than any other patient with cancer. The " monoclonal antibody" was added also to line 54. " guinea pigs - myelin basic protein" on line 163 was added. The lines 188-192 were given only for the purpose to show that urine can be given to the digestive system without causing any harm. The immune system is the main actor in this creative review. That's why there are "repetitions about the immune mediated responses of the tumor cells". Lines 858 – 873 are based on reference 146 from 2000. Things are changing all the time. As I said it is a creative



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		review and not a review... Lines 934-955 are based on articles 152-154 from 1999. It is an accumulation of knowledge of 3 authors (Lum LG, Rosenberg SA, Hersey P). This is the way a creative review works: picking information from different sources in order to create a completely new way of thought. The second necessary stage is to examine this creative review in the laboratories or animal studies. The highest study is on human beings. This already was done in the use of intralipid in amniotic fluid embolism in the patient from Texas mentioned before . I hope the coming studies will CONFIRM this Creative Review Medical Truth.
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<u>Minor</u> REVISION comments	1. The full abbreviations for the mab, i.e monoclonal antibody should be provided at its first use at line no. 54 instead of line nos 61-62. 2. In line no. 163, the full form of the GP MBP should be given first. 3. In line nos 182 – 187, the authors have nicely described the subcutaneous route of urotherapy with its beneficial effects. However, in the following para in line nos. 188 – 192, the beneficial effects of diversion routes have not been addressed. The authors need to address it. 4. There are several times repetitions about the immune mediated responses of the tumor cells. This may be avoided. 5. Line nos 858 – 873 have been explained before also. They may be removed or if retained, should be made concise. 6. Line nos 934 – 955 seem to be redundant and already repeated. These lines may be omitted if kept should be made concise.	
<u>Optional/General</u> comments	1. The paper may proceed as a review article.	