

SDI Review Form 1.6

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Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_33794
Title of the Manuscript:	Induction Chemotherapy followed by Concurrent Chemo-Conformal Radiation Therapy in Locally Advanced Nasopharyngeal Carcinoma
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>)

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)
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Compulsory REVISION comments	Why was this trial undertaken when results of phase 3 trials are already available on use of neoadjuvant chemotherapy followed by CCRT in NPC? What dose of radiation was actually delivered to the patient as in the abstract it is written 60 + 14 Gy to primary and in the text is written 70 Gy at one place and 60 + 10-14 Gy at another place within the manuscript. The actual dose given should be detailed in the text. What was the time interval between neo-adjuvant chemotherapy and the start of CCRT? There is no mention of whether ethical clearance was taken before beginning the trail. What happened to the 3 patients who did not achieve complete response after treatment?	On starting this trial , there was a debate around the role of induction chemotherapy in locally advanced NPC asit falls from category 1 to category 3 according to the NCCN guidelines dated since 2015 Also , during this period multiple phase 3 trials were going aiming to define the best candidate for NACT in locally advanced NPC and the best regimen so renewed interest in NACT in locally advanced NPC was made Also , IMRT is the standard RT technique in NPC ; which is not available in our center so one of our aims in this trial is ; can we reach the target of IMRT in covering the target and excluding the OAR by 3DCRT or not Finally , this trial is the experience of our institute (Mansoura University hospital) The average dose delivered is 70 Gy. There are different doses prescribed due to the presence of different targets . The GTV P70 received 60 GY followed by 10-14 Gy (not 10 Gy) ie the total dose to this target is 70 -74 Gy And the CTV LN received 60 GY+6-10 Gy (i e the total dose from 66-70GY) 2-3 weeks following the last cycle of chemotherapy , assessment is done by MRI to document the response and CCRT was started The ethical clearance was taken but not mentioned The 3 patients who had residual disease in the primary site after CRT; one of them was offered 2 cycles of adjuvant chemotherapy and became free , the other 2 patients were followed up regularly and did not offered adjuvant treatment as they had SD after induction chemotherapy .One of those 2 patients had stable disease on follow up and the other one had PD after 10 months and was offered 1st line chemotherapy 2
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	Statement “Adding taxanes to cisplatin and 5-fluorouracil (TPF regimen) prior to radiation therapy or CCRT has resulted in significantly improved overall survival in patients with head and neck squamous cell carcinoma excluding NPC” is not correct as previous trials have shown similar results in NPC. What was the reason for excluding keratinising squamous cell carcinoma from the current trial? The toxicities, especially the mucositis, dermatitis and xerostomia, have been reported to be much less than similar trials reported in the past. Did the authors try to find the reason for this.	cycles then lost follow up before assessment . During this period , TPF regimen was tried 1st on locally advanced Head and neck cancer but not on NPC and the encouraging results obtained was the rational for its trial on locally advanced NPC. keratinising squamous cell carcinoma was not excluded from the trial , it was of the eligibility criteria of our study but 100 % of cases of locally advanced NPC presented to us were undifferentiated carcinoma. All cases incorporated in the study were in regular follow up with a dentist and oral hygiene measures were followed by all patients. Regular calibration of the radiotherapy machine was done by the physistand field arrangement was done assuring that no maximum and hot areas are taken by the skin Parotid sparing technique was utilized achieving our target in not to exceed the mean dose delivered to the parotid more than 25-26 Gyhowever other studies utilize conventional and conformal techniques
Minor REVISION comments	The English and grammar is very poor and needs extensive revision.	
Optional/General comments		