



SDI Review Form 1.6

Journal Name:	<u>Journal of Cancer and Tumor International</u>
Manuscript Number:	Ms_JCTI_34621
Title of the Manuscript:	AN UNUSUAL PRESENTATION OF AGGRESSIVE ANGIOMYXOMA AS CERVICAL POLYP – A CASE REPORT
Type of the Article	Case study

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	General comments: This is a report related to a rare case with aggressive angiomyxoma in the uterine cervix. Aggressive angiomyxoma which arises in the uterine cervix is very rare, as the author mentioned. This case report is interesting and well written. It seems to give new and valuable information to clinicians. However, there are some problems which the authors should clarify and revise, and so I mentioned them in the specific comments below. Specific comments: 1. Case report, page 2, lines 37–38 “The mass was removed by wide excision...” What was surgery performed for this patient like? Was the uterus resected along with the tumor? Please show the information about surgery in further detail. If there is a photograph of the excised tumor (or pre-excised tumor), it may give the greater impact to readers. In addition, how was surgical margin pathologically, positive or negative? Please clarify it. 2. Discussion, page 3, lines 68–69 “Accurate diagnosis before surgical excision is important in planning extent of excision and patient counselling.” I quite agree on this sentence. What medical images were used to definitely diagnose before surgery, computed tomography and/or magnetic resonance imaging? If they were taken, I suggest showing them in new figures. 3. Discussion, page 4, lines 79–83	1. Unfortunately, a picture of the mass is not available. A note on the surgical procedure(s) and a more detailed history has also been included. 2. Unfortunately, this is a poor resource setting and we do not have such advanced imaging devices such as MRI, CT machine etc. 3. As stated above, we do not carry out routine immunohistochemistry due to several factors among which is the availability of resources.



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	In pathological examination of this patient, immunological staining was used for differential diagnosis wasn't it? If it was done, the authors should mention the findings and add a microphotograph. 4. Discussion, page 4, lines 96–97 “The patient presented is still on regular follow up.” How long has it been after surgery? Please write the follow-up time and the recent status of the patient in the text. 5. Discussion If an additional space is allowed, a new table in which information about the other two cases with this disease in the uterine cervix previously published, such as age, gender, the interval between the onset and diagnosis, tumor size, treatment, recent status, etc., summarized may help readers understand more easily.	4. Agreed. The information has been added. 5. A brief summary of the cases has been included.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		