



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_39590
Title of the Manuscript:	Reduction of UV-Induced Skin Tumours in Hairless Mice by Topical Non-Steroidal Anti-Inflammatory Drugs
Type of the Article	Short 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)
<u>Compulsory</u> REVISION comments	Figure 1 is great and supports the findings of the study. TABLE 1 HAS SOMETHING REALLY WRONG WITH IT. The title mentions both aspirin and ibuprofen---yet neither appears in the data of the table. In addition, the title states that this is "survival" of mice, IN WHICH CASE THE PLACEBO HAS DONE AS WELL OR BETTER THAN THE NSAIDs FOR SURVIVAL OF MICE---a statement that contradicts the entire point of the study. THE AUTHORS MUST RESOLVE TABLE 1 OR THEY CONTRADICT THEMSELVES AND THE STUDY MAY BE INVALID. Authors must correct or explain Table 1.	Aspirin and ibuprofen were typos and have been removed in Revised manuscript. NO - THE PLACEBO HAS NOT DONE BETTER THAN NSAID: Firstly, the effectiveness of a drug treatment on cancer is measured by reduced tumour burden (i.e. number of alive animals with tumour per total number of alive animals) and/or reduced tumour multiplicity (i.e. total tumours/lesions per animal), and these parameters may not always necessarily been found to be consistent with animal survival (e.g. Orengo 2002 study, ref 32 found celecoxib effective in reduced skin tumour, with 1 mouse in celecoxib group died in week 20, while placebo mice died in week 24, week 28). Secondly, the highest survival in our study is actually NSAID treatment group paracetamol, not placebo (Please refer to Revised manuscript, Table 1), as there was one mouse in placebo group died in week 34, which was omitted due to typo. This has now been corrected in Revised manuscript, Table 1.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		