



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_39853
Title of the Manuscript:	Primary Central Nervous System Lymphoma in an Immunocompetent 10-Year Old Boy: A Case Report.
Type of the Article	Case Report

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	Conclusions should be re-written. It looks like a discussion. The main conclusion is that PCNSL is rare but may occur in immuno-competent children. Early diagnosis may increase survival rates. Presumptive diagnosis may be obtained from imaging and cytology, but confirmation may only be acquired through histopathology. Chemotherapy is highly recommended but there's still no standart protocol.	Conclusion has been re-written as seen in lines 230-233.
Minor REVISION comments	Line 59: Please specify what antibiotics and why. Did he have a complete blood count in the first practice? Line 83: There was any deviation on neutrophil count? They were all segmented? Line 85: from which test? Please especify it. Was he tested for epistein barr virus? Line 89, 96: Please include dosages and how many times they were administered Line 98: Do you have pictures for the cytology? Was it helpful for the diagnosis? Line 201: Substitute radiographic for imaging	Line 59: "Intravenous ceftriaxone for suspected bacterial meningitis". The details of investigations done in the referral hospital are not available to us. Line 84: The value quoted were "segmented" neutrophils" Line 86-88: His HIV status determined by ELISA was negative. Screening for Epstein Barr virus was not done because screening facility was unavailable. Lines 91-99: Doses of drugs given and frequency have been added. Line 100. There are no pictures for CSFcytology; we only have the official report from the laboratory. It was not so helpful as immunophenotyping to characterise the cells was not done because the facility was not available. Line 214: "Imaging" now used instead of radiographic.
Optional/General comments		