



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_40034
Title of the Manuscript:	Carotid Body Tumour a Challenging Management: Rare Case Report in Baghdad Radiation Oncology Center, Medical City, Baghdad, Iraq
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>)

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	<p>I carefully read the manuscript entitled " Carotid body tumour a challenging management: Rare case report in Baghdad Radiation Oncology Center, Medical City, Baghdad, Iraq". In this study the authors describe the basic and clinical aspects of paragangliomas.</p> <p>The study, on the whole, appears complete but presents various inconsistencies.</p> <ul style="list-style-type: none"> • The study is centered on a patient operated five years ago, at another center. Therefore, no information is reported about the surgical treatment or the classification of Shamblyn. Immunohistochemical analysis, as stated by the authors, has not been performed. No MRI and / or MRA study was performed. This examination can provide both images of the tumor and data on the vascular involvement. • Octreotide scanning is useful for detecting the presence of multicentric or metastatic paragangliomas, and for distinguishing scar from residual tumor after surgery. This examination was not performed. • The manuscript title does not reflect the actual content of the text. <p>The study does not report any innovative data on the management of this pathology. In fact, the authors report in the text already known and published data (Gad et al. Ann Vasc Dis: 7, 2014; 292-299). This publication is not mentioned in the references list.</p>	<p>I completely agreed, but I give these reasons:</p> <ol style="list-style-type: none"> 1. About past surgical data and history of patient were missed in Iraq war against ISIS this included surgical file, IHC and others. 2. MRI or MRA angiography is unavailable and very cost in our country. 3. Octreotide scan is unavailable and is so much expensive. 4. Our study and title aimed done for introducing the challenging we exposed to it during management such cases despite lack many conditions and circumstances found in other parts of world for treatment of CBT. <p>Thank you very much. I try to correct the paper according to review comments as can as.</p>
Minor REVISION comments		
Optional/General comments		