



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_43949
Title of the Manuscript:	Histopathologic Patterns of Urological Malignancies in Calabar, South-southern Nigeria: A Ten-Year Review
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>)



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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	1. In the RESULTS section, what informed the use of mean as measure of central tendency for age? 2. Was any normality testing done for the variable "age" before selecting mean as a tool? 3. I suggest that the paediatric population be separated from the adults in the analysis. This would allow a clear understanding of the commonest tumours in the paediatric age group vs. the adults and then the overall picture... thus for paediatric kidney tumours you would better depict with clarity, the useful demographic data. 4. Similarly, for histologic information; is it possible to provide more details? ...for example the renal cell carcinomas are reported as adenocarcinomas only.. Could you provide information on subtypes eg clear cell, papillary, chromophobe etc.. Any information on Fuhrman grading. 5. Similar details may be supplied for nephroblastomas and indeed the other tumours as it would enhance greatly the quality and impact of your work. 6. The histologic information for tumours of the testes were well presented in terms of subtypes and may serve as a guide for 4 and 5 above. 7. Regarding Gleason grade and prostate cancer, is it possible to relate these Gleason grades to other parameters; at least age of patients...in a table perhaps. This would be quite helpful as these form the bulk of the tumours and ought to receive the greatest attention. 8. Also, were there added relevant information, perineural invasion etc and in what proportion? 9. Following on 7 & 8 above, you said in DISCUSSION "However the reason for its overwhelming dominance (Over 91%) in our study is not readily available. The impact of lifestyle including diet may need to be assessed in subsequent research in order to ascertain the cause".... Expatriating on these may yield very useful information.	The measure of central tendency best suited for this population studied is Median. Therefore the correction has been made and mean replaced with Median. A separate table has been created for the paediatric population, while still maintaining the general table. Paediatric urologic malignancies have been considered separately in the discussion as well as consideration of adult malignancies and both together too. Renal cell carcinomas have been broken down into their subtypes as represented in the table for more clarity. This has also now been reflected in the discussions. Not all information on Fuhrman grading was available so it has not been added as the information will be incomplete. The subtypes of the other malignancies are also reflected A table to relate Gleason grades with age has been added and discussions done This information is not available This has been further elucidated in the discussion
Minor REVISION comments	1. "There is therefore the need to increase efforts at early diagnosis and management of the disease in order to reduce the morbidity and mortality that could be associated with the disease. Part of this should include increased awareness campaigns so that majority of the population is aware of the disease, its common symptoms, diagnosis and treatment. This is especially important bearing in mind the poor healthcare seeking attitudes of Nigerian patients especially concerning lower urinary tract symptoms as earlier documented by Olaopa et al²¹ in Ibadan and Bassey et al²² in Calabar. Secondly, the need for routine screening for prostate cancer is further strengthened by the results of this research. This recommendation if carried out will result in early diagnosis and treatment of the disease with subsequent reduction in its devastating effects"..... <u>This section appears to be better suited for conclusions and recommendations section?</u>	The Conclusion has been recast to include these.
Optional/General comments		