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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 56288

Title: The management of neuroblastoma in limited-resource settings

Reviewer's code: 03373368
Position: Editorial Board
Academic degree: PhD

Professional title: Research Associate

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Africa

Manuscript submission date: 2020-04-28

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-06-11 07:52

Reviewer performed review: 2020-06-12 09:48

Review time: 1 Day and 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

In this manuscript the authors van Heerden J. and Kruge M. wrote a review entitled: "The management of neuroblastoma in limited-resource settings". Neuroblastoma (NB), an embryonic cancer derived from primitive sympathetic neural precursors, is the most common pediatric tumor. Because of its proliferative potential, resistance to apoptosis and highly heterogeneous biological and clinical behavior, NB standard treatment requires a combined multimodal approach, including chemotherapy, surgery, bone marrow transplant, radiation and immunotherapy. However, patients affected by NB generally have a poor prognosis and may develop resistance to conventional therapy. The incidence of NB in LMICs has been reported to be lower than HICs, but the disease presents with higher mortality rate due to advanced disease (STAGE 4) at diagnosis and the limited resource in LMICs compared to HICs. In fact, LMICs report NB disease presentation usually "metastatic" due to a low accurate diagnosis. The median age of presentation in HICs was reported to be between 17-18 months of age, instead the majority of patients in LMICs were under the age of 5 years and the later is the diagnosis (over 18 months) of the disease, the worse the outcome. The diagnosis of NB is challenging as NB's symptoms can be similar to those of non-malignant diseases and can confound recognition of the disease. Moreover, in LMICs there is no conformity in the management and use of treatment protocols amongst regions within countries and this is a barrier to care. Moreover, cultural and socioeconomic status are contrubuting factors to poorer outcomes in LMICs. Political stability, government policies have a direct impact on availability, accessibility and quality of health care system in treating of childhood cancer in LMICs. Revisions of the manuscript are non requested. The paper is accepted, without revisions, for publication in World Journal of Clinical Oncology. Comments. This study effectively highlights the difficulties to make ealry diagnosis of NB disease in LMICs. The authors clearly presents and discuss the different incidence of

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NB between HICs and LMICs and report the main factors contributing in low accurate diagnosis of disease in LMICs. The authors interpret and discuss appropriately the results. I think that the manuscript could be relevant to the clinical practice in LMICs. The tables are of good quality and easy interpretation.