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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 22916

Title: Clinical utilities and biological characteristics of melanoma sentinel lymph nodes

Reviewer's code: 00111771

Reviewer's country: Italy

Science editor: Shui Qiu

Date sent for review: 2015-10-09 17:57

Date reviewed: 2015-10-12 18:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

None

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 22916

Title: Clinical utilities and biological characteristics of melanoma sentinel lymph nodes

Reviewer's code: 02801191

Reviewer's country: Poland

Science editor: Shui Qiu

Date sent for review: 2015-10-09 17:57

Date reviewed: 2015-10-14 19:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The paper entitled: "Clinical Utilities and Biological Characteristics of Melanoma Sentinel Lymph Nodes" showed a wide spectrum of clinical and biological knowledge about SLNB in melanoma patients. The paper is very well written with the usage of historical as well as the newest available data. I recommend this review for publications in the journal. Some minor issues are highlined: 1. Worldwide data not only American one should also be mentioned. 2. Side effects of at least blue dye have to be reported 3. Other new dyes that are in use or are under clinical evaluation. For example ICG, combination of ICG with other compounds (ICG:HSA, ICG:nannocolloid), superparamagnetic iron oxide and others. 4. As so much is mentioned about the biological markers and as it is a comprehensive review I encourage the authors to use the data also from Genomic Classification of Cutaneous Melanoma. Cell. 2015 Jun 18;161(7):1681-96. doi: 10.1016/j.cell.2015.05.044. 5. In case of MLTS I trial please also highline the question about: SLNB therapeutic or staging procedure and other critical issues found in literature - for example van Akkooi AC.Sentinel node followed by completion lymph node dissection versus nodal observation: staging or therapeutic? Controversy continues despite final results of MSLT-1.Melanoma Res. 2014 Aug;24(4):291-4. doi:



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 22916

Title: Clinical utilities and biological characteristics of melanoma sentinel lymph nodes

Reviewer's code: 03388061

Reviewer's country: United States

Science editor: Shui Qiu

Date sent for review: 2015-10-09 17:57

Date reviewed: 2015-10-20 05:19

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Very well written review of the literature on sentinel node biopsy for melanoma. I would like to see the following addressed for a complete manuscript: 1. The new T1b category of thin melanoma with mitotic figures. 2. Variability in sentinel node protocol from 0.7 -1.0; what is best practice? What is cut off in the literature you are citing? 3. Data on head and neck melanoma needs to address lentigo maligna and lentigo maligna melanoma which is almost always located on the head and neck and has been shown in many studies to have a better prognosis than traditional melanoma.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 22916

Title: Clinical utilities and biological characteristics of melanoma sentinel lymph nodes

Reviewer's code: 00505466

Reviewer's country: Greece

Science editor: Shui Qiu

Date sent for review: 2015-10-09 17:57

Date reviewed: 2015-10-28 23:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present a very comprehensive review on a large numbers of aspects of sentinel lymph node biopsy in melanoma. The manuscript is well written and easy readable, despite its length. Some minor comments are to be made. The authors note that most melanomas (>70%) present with thin melanoma. Since worldwide this is not the case, I would suggest adding that these are U.S.A data. Since describing all so in detail, the epitrochlear and popliteal sentinel nodes should be discussed briefly. Regarding the studies on the omission of CLND after positive SLN biopsy, the ongoing EORTC Minitub prospective registry should be mentioned. In "Patients with qRT-PCR positive sentinel nodes had significantly worse OS and DFS, demonstrating its potential value in detecting metastases in the sentinel nodes of patients with melanoma.[160, 161]", please add after "worse OS and DFS" than "histopathologically negative sentinel nodes".