

ESPS Peer-review Report

Name of Journal: World Journal of Experimental Medicine

ESPS Manuscript NO: 4385

Title: Why not change the classical treatment for glioblastoma multiforme in elderly patients?

Reviewer code: 02339938

Science editor: Song, Xiu-Xia

Date sent for review: 2013-07-19 21:05

Date reviewed: 2013-07-31 16:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Thank you for allowing me to review the manuscript. The manuscript is timely and contains valuable information. Glioblastoma (GBM) is a difficult malignant tumor to treat with conventional strategies. 'Out of the box' thinking in treating GBM patient is a must. There are many alternative treatment strategies being sought. The authors have pointed most of the alternative treatment strategies. However, in the current form, the manuscript is difficult to follow. I'd request the authors to make sub-headings to describe specific treatment strategies; such as:

Treatment with antiviral drug

Treatment with tumor vaccine

Treatment by immunomodulation

Treatment with antibody

Treatment with kinase inhibitors

Specific comments:

According to recent classification and nomenclature GBM stand for glioblastoma (NOT for glioblastoma multiforme). Please change the title accordingly.



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Flat C, 23/F., Lucky Plaza,
315-321 Lockhart Road,
Wan Chai, Hong Kong, China

Make abbreviation uniform throughout the manuscript.

GBM is the primary tumor. Please change Primary glioblastoma to Glioblastoma only.

ESPS Peer-review Report

Name of Journal: World Journal of Experimental Medicine

ESPS Manuscript NO: 4385

Title: Why not change the classical treatment for glioblastoma multiforme in elderly patients?

Reviewer code: 02451526

Science editor: Song, Xiu-Xia

Date sent for review: 2013-07-19 21:08

Date reviewed: 2013-08-03 16:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The review aims at addressing the issues related to the treatment for glioblastoma multiforme in elderly patients. In the HYPOTHESIS, the authors suggest that glioma in elderly patients should be treated as a tumor associated with the infection of human cytomegalovirus (HCMV). However, the existence and roles of HCMV in gliomas are controversial issues and have been debated in the literature. An equal number of studies have been published demonstrating either the presence or absence of the virus in this cancer. Other treatment options discussed in the manuscript are rather general, could be relevant to patients of any age. A recent breakthrough in the medical community is treatment of glioblastoma multiforme using ICT-107, a multi-epitope-pulsed dendritic cell vaccine. Phase 1 results are amazing: among only 16 patients tested, 6 patients are still alive after four years. The Phase 2 study is on-going. This progress should be included in the review and discussed.