



**SDI Review Form 1.6**

Journal Name:	<a href="#">Journal of Cancer and Tumor International</a>
Manuscript Number:	Ms_JCTI_48957
Title of the Manuscript:	<b>Metronomic low dose leucovorin- fluorouracil versus supportive treatment for patients with recurrent or metastatic colorectal cancer</b>
Type of the Article	<b>Original Research Article</b>

**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**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Compulsory</b> REVISION comments	The authors have shown that the administration of low dose of leucovorin 20mg/m <sup>2</sup> plus 5-flourouracil 425mg/m <sup>2</sup> to a group of CRC patients can have some beneficial compared to supportive care without chemotherapy. Indeed, these patients can show a better overall survival (OS) and time to progression (TTP).	Our patients in both groups were equally weighted or all the patients in both groups were unique according to patients and tumour characteristics. And patients were randomly allocated either in group A or Group B and the results found that OS and TTP were high in the group which received chemotherapy and this was our hypothesis that low dose metronomic chemotherapy will be better to these patients and if the opposite occur so why not happened in the group A which received just supportive care?
<b>Minor</b> REVISION comments	English editing should be really improved. The meaning of the abbreviations in the abstract should be explained. The abbreviation OAS could be substitute with OS as indicated in several papers in the literature. Please use the superscript for m <sup>2</sup> and do not write m2. This is not right. In figure 2, I barely see the lines or the label of group A or group B censored, please indicate them better. Please indicate in the table the localization of the CRC tumor (right, trasversum, left colon) because it is possible that also the localization of the tumor can unfluence the observed effect. In addition, if any peculiar histotypic characteristic is present, please mention it in the text. Indeed, all these features can be useful to reinforce the message of the paper.	The corrections were done and highlighted in the text.  The data about the tumour localization in the colon (Rt, transverse or LT) is actually not available now and will take much time to revise all the patients sheets to find this information and actually we did not collect this data from the start as the other studies concerned with chemotherapy to colon cancer did not show effect from the tumour localisation in the colon on its response to chemotherapy. But we collect the data if they were colon or rectal tumor and mentioned in the table and actually we think that according to the literatures that this may influence the observed effect. We already mentioned in the patients and methods that all the patients groups were grade II or III adenocarcinoma.
<b>Optional/General</b> comments	The main message of the paper is clear. The beneficial of chemotherapy treatment is not really strong. The cohort of patients analyzed is limited.	We actually studied all the patients presented to us at our department with our selection criteria at the whole period of the study.

**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (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)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	We received acceptance to our research from the institutional research board of our faculty (IRB committee of the Faculty of Medicine (MFM-IRB), Mansoura University, Egypt ) with the code R.19.02.431.R1