

## Review Form 1.6

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|--------------------------|---|
| Journal Name:            | <a href="#">International Journal of Research and Reports in Dentistry</a>      |
| Manuscript Number:       | <b>Ms_IJRRD_82867</b>   |
| Title of the Manuscript: | <b>Sclerosing Central Mucoepidermoid Carcinoma: Rare Case Series and Review</b> |
| Type of the Article      | <b>Case study</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:

(<https://www.journalijrrd.com/index.php/IJRRD/editorial-policy> )

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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)  |
|-------------------------------------|---|--|
| <b>Compulsory</b> REVISION comments | <p><b>Please present these parts clearly</b></p> <p><input type="checkbox"/> <b>Patient Information</b></p> <ul style="list-style-type: none"><li>De-identified patient specific information.</li><li>Primary concerns and symptoms of the patient.</li><li>Medical, family, and psychosocial history including relevant genetic information.</li><li>Relevant past interventions and their outcomes.</li></ul> <p><input type="checkbox"/> <b>Clinical Findings</b> – Describe significant physical examination (PE) and important clinical findings.</p> <p><input type="checkbox"/> <b>Timeline</b> – Historical and current information from this episode of care organized as a timeline (figure or table).</p> <p><input type="checkbox"/> <b>Diagnostic Assessment</b></p> <ul style="list-style-type: none"><li>Diagnostic methods (more details).</li><li>Diagnostic challenges.</li><li>Diagnosis (including other diagnoses considered).</li><li>Prognostic characteristics when applicable.</li></ul> <p><input type="checkbox"/> <b>Therapeutic Intervention</b></p> <ul style="list-style-type: none"><li>Types of therapeutic intervention (more details).</li><li>Administration of therapeutic intervention (dosage, strength, duration).</li><li>Changes in therapeutic interventions with explanations.</li></ul> <p><input type="checkbox"/> <b>Follow-up and Outcomes</b></p> <ul style="list-style-type: none"><li>Clinician- and patient-assessed outcomes if available.</li><li>Important follow-up diagnostic and other test results.</li><li>Intervention adherence and tolerability. (How was this assessed?)</li><li>Adverse and unanticipated events.</li></ul> <p><input type="checkbox"/> <b>Discussion</b></p> <ul style="list-style-type: none"><li>Strengths and limitations in your approach to this case.</li><li>Discussion of the relevant medical literature.</li><li>The rationale for your conclusions.</li><li>The primary "take-away" lessons from this case report (without references) in a one paragraph conclusion.</li></ul> <p>• <b>Competing interests:</b> the authors should declare all competing interests</p> <p>• <b>Figures:</b> Add arrows on picture to indicate (description on figure as described)</p> <p><input type="checkbox"/> <b>Patient Perspective</b> – The patient should share their perspective on the treatment(s) they received.</p> <p><input type="checkbox"/> <b>Informed Consent</b> – The patient should give informed consent.</p> | <ul style="list-style-type: none"><li>All relevant details have already been added.</li><li>Important clinical findings have been highlighted.</li><li>Patient is currently under follow up as is already mentioned.</li><li>Differential diagnosis and prognosis rate is already mentioned and highlighted.</li><li>All relevant details are already mentioned.</li><li>Not available.</li><li>All relevant details have already been mentioned along with the conclusion.</li><li>There is no conflict of interest.</li><li>Arrow marks are added.</li><li>Verbal consent was obtained from the patient and there are no ethical issues involved as it is a case report.</li></ul> |

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| Minor REVISION comments   |  |  |
| Optional/General comments |  |  |

PART 2:

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|--|--|---|
|  | 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) |
| Are there ethical issues in this manuscript? | <u>(If yes, Kindly please write down the ethical issues here in details)</u> | No ethical issues involved.   |