

Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_83754
Title of the Manuscript:	A Comparison between Accelerated Failure-Time Models in Analyzing the Survival of Breast Cancer Patients
Type of the Article	Original Research Article

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.journaljcti.com/index.php/JCTI/editorial-policy> )

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>Provide more details of therapy time and therapy methods, so that it may exclude other potential interference.</p> <p>Did not give any information of exclude criteria for selection of the patients, if they have any other diseases or not?</p> <p>Provide the age range of patients.</p> <p>Did not state the reason why divide into two groups with the 50 years old as the point while the average age is 48 years old in their country and even in whole Africa, the average age is 54 years old.</p> <p>Fit test should contain r value in the figure.</p>	<p>BC patients in this study were mostly treated with a combination of surgery (mastectomy), radiation therapy, and chemotherapy. This has been updated in the manuscript. <b>AFT models are not affected by competing risks in the data; hence comorbidity was not a major issue.</b></p> <p><b>Age range of patients have been included.</b></p> <p><b>Reason for selection of the two age groups have been provided in the manuscript</b></p> <p><b>Average age justification have been provided</b></p> <p>In the context of disease modelling, our ROC curve (AUC), AIC,BIC values are more meaningful in model selection and predictive capability than the r value.</p>
<b>Minor</b> REVISION comments	<p>Minor errors, like “48years” should be “48 years” (Introduction), “with triple negative molecular,” has one more space.</p> <p>AFT is a good model, can you show validation data once applied AFT model?</p>	<p>Minor errors of spacing have been rectified. Validation was performed by holding 70% of the data as training data and 30% for validation set. The results showed from ROC curve that the Gompertz AFT model was excellent in predictive capacity (AUC=0.945)</p>
<b>Optional/General</b> comments	<p>This paper discussed the BC survival prediction model via comparing 6 different models, and found AFT is best. There are some novelties, and could be a good supplementary to know the BC incidence and survival in Ghana.</p> <p>It is better to give a table to present the incidence results of different stages of BC. This paper did not mention the reasons of select the 6 models, they need to state the reasons and the advantages of each model.</p> <p>Accept after revision.</p>	<p>This paper rather discussed the BC survival prediction model via comparing 9 different models (not 6). Reasons for comparing 9 models have been mentioned in the introduction. The focus of our work was the novel comparison of 9 AFT models to ascertain the most efficient in predicting survival of patients. The survival probabilities have been discussed.</p> <p>Giving a table to present the incidence results of different stages of BC may be a suggestion for another paper.</p>

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**PART 2:**

	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?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	