## **Review Form 1.6**

| Journal Name:            | Journal of Pharmaceutical Research International |
|--------------------------|--|
| Manuscript Number:       | Ms_JPRI_81394                                    |
| Title of the Manuscript: | CHORIOCARCINOMA: A REVIEW                        |
| Type of the Article      | REVIEW ARTICLE                                   |

#### **General guideline for Peer Review process:**

This journal's peer review policy states that <u>NO</u> manuscript should be rejected only on the basis of '<u>lack of Novelty'</u>, 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.journaljpri.com/index.php/JPRI/editorial-policy)

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# **Review Form 1.6**

## **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) |
|------------------------------|--|---|
| Compulsory REVISION comments | Title: suggest revising, choriocarcinoma is a general term. This can be gestational and non-gestational. Be more specific.  Introduction. Suggest including the aims of this review. There are already updates and prolific data and even clinical practice guidelines concerning this topic. It would be more significant to answer issues in the present management of GTN: choriocarcinoma. CH and PSTT is totally different. Why is PSTT included in the introduction. Maybe for those utilizing this as a review material, it might be okay to introduce generally GTN then classifying them into different histologic types and eventually discuss ChorioCA. There is a discussion on pathophysiology gestational and nongestational ChorioCA. Are they really the same? How to differentiate a gestational vs non-gestational? Any immunostains? Updates in the diagnostics to differentiate the 2? Histopathology is not well presented.  The discussion is not well organized. Suggest revising. Staging: there are updates in the classification of GTN. Low risk, high risk, ultra high risk Treatment. There is incomplete discussion on management/ treatment. Present present protocols and answer issues about it. Maybe discuss difference on survival rates of different protocols.  Regarding Histopathology and gross. Better to present sample cases encountered in your institution |   |
| Minor REVISION comments      |  |   |
| Optional/General comments    | In general, I see no updates in the presented data. Other reviews and CPGS on this topic consist a broader and complete discussion on the topic. Suggest answering issues or present data that is applicable on the region/ country of the author.  Review format. Please organize format and ideas/ concepts presented. General content is okay but should be presented in an organized format. There are concepts and issues about the topic that were not discussed, ie updated classification, new therapies, survival rates, prognosis, fertility sparing, etc  |   |

## PART 2:

|  |   | 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? | (If yes, Kindly please write down the ethical issues here in details) |   |

#### **Reviewer Details:**

| Name:                            | Jimmy A Billod                   |
|----------------------------------|----------------------------------|
| Department, University & Country | Pines City Colleges, Philippines |

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