

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_87968
Title of the Manuscript:	CAUSES OF DYSNATREMIA IN CANCER PATIENTS – A BRIEF REVIEW
Type of the Article	Minireview 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:

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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)
Compulsory REVISION comments	I recommend Including a flow chart to differentiate spurious electrolyte disorders from genuine ones to make this mini review complete. The author may introduce a flow chart to approach either hyper or hyponatremia including the investigations that should be done to exclude factitious dysnatremias.	
Minor REVISION comments	<p>Comment 1:</p> <p>I would like if the following paragraph is revised as below,</p> <p>“3. Cause of hyponatremia in cancer:</p> <p>Hyponatremia is the most common electrolyte disturbance in patients with neoplasms [9]. The most frequent neoplasia associated with hyponatremia is small cell lung cancer in which it is secondary to syndrome of inappropriate antidiuretic hormone (ADH) secretion (SIADH) [10].</p> <p>The etiology of hyponatremia in cancer is very heterogeneous (Table 1); from the management point of view, it is important to classify hyponatremia as hypovolemic, normovolemic and hypervolemic.”</p> <p>As,</p> <p>“Hyponatremia is the most common electrolyte disturbance in patients with neoplasms [9]. The etiology of hyponatremia in cancer is very heterogeneous (Table 1) and the most frequent neoplasia associated with hyponatremia is small cell lung cancer which is highly associated with syndrome of inappropriate antidiuretic hormone (ADH) secretion (SIADH) [10]. From the management point of view, it is important to classify hyponatremia as hypovolemic, normovolemic and hypervolemic. (TABLE 1.)”</p> <p>Comment 2:</p> <p>“Euvolemic hypovolemic” should be corrected as “euvolemic hyponatremia” and for completeness of this mini review I recommend to add a statement that explains how the Excess ADH results in euvolemic hyponatremia (Mechanism of action of ADH) in the following paragraph:</p> <p>“Euvolemic hypovolemia is caused in most cases by SIADH; more rarely it can occur in the context of hypothyroidism, adrenal insufficiency, other coexisting or neoplastic endocrine disorders. SIADH may arise by several mechanisms:</p> <p>- ectopic secretion of ADH from tumor cells is most often noted in bronchogenic small cell carcinoma (up to more than 40% of the patients), but it has been also reported in head and neck neoplasms and in some hematologic cancers [13-15].</p> <p>- enhancing the effect of ADH may be noted after cyclophosphamide, non-steroidal anti-inflammatory drugs or anticonvulsants [16].</p> <p>- increased hypothalamic secretion of ADH may be induced by numerous chemotherapeutics (vincristine, vinblastine, platinum derivatives, cyclophosphamide, ifosfamide, melphalan, interferon, methotrexate, etc.), by most opiates or anticonvulsants [17]; SIADH can also occur in brain metastases by the same mechanism.”</p>	
Optional/General comments	Otherwise, It is a well written, brief and informative piece of work that is useful for clinicians, students for revisions.	

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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>	

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