

Manuscript Review Form

This review form is a written evaluation form including reviewer's comments, which are confidential and for use by the Editor only.

	About the Reviewer	
1	Reviewer's Name	
2	Reviewer's Email and Telephone (optional)	
3	Affiliation/Institution, Country	
4	Fields of Specialization	
1	About the Manuscript	
a	Manuscript Title	
b	Focus of the Study (Oncology)	
c	Is it an Original Study? Case Report? Review Article?	
d	Is the Abstract concise and reflects the content of the Study?	
2	For Original Studies:	
a	Was the methodology sufficient in details? was it statistically analysed?	
b	Are the conclusions supported by data and methodology?	
c	Do you agree with the methodology and conclusions?	
d	Is it relevant or interesting and worthy of publication?	
e	To your knowledge, does it present new ideas or results that are not previously published or seldom reported?	
3	For Case Reports and Review Articles	
a	Are the cases/reviews properly documented and presented?	
b	Did the authors discuss and summarize the study?	
c	Is it relevant or interesting and worthy of publication?	
d	Based on your knowledge, does it present new ideas or findings that are not previously published or seldom reported?	
4	Manuscript Format	
a	Was it concisely written for publication?	
b	Was the grammar/spelling adequate for publication?	
c	Did it follow the general structure of GJO articles?	
d	Are the References enough, inadequate or too much?	
5	Publication Recommendation	
a	Accept as is for publication	
b	Accept subject to minor revisions	
c	Accept but not a priority for publication	
d	Return to authors for major revision and resubmission (please suggest points to improve the manuscript)	
e	Reject the Manuscript (Please state reason)	
6	Overall Rating	
	(Outstanding, Excellent, Very Good, Good, Fair, Poor, Fail)	
7	Additional Comments and Recommendations by the REVIEWER if required	
	Thank you!	

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REVIEWER'S NAME/SIGNATURE AND DATE