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**Professional title:** Assistant Professor  
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| Scientific quality | Grade A: Excellent | Grade B: Very good | Grade C: Good | Grade D: Fair | Grade E: Do not publish |  |
|--------------------|--------------------|--------------------|--------------|--------------|-------------------------|  |
| Language quality | Grade A: Priority publishing | Grade B: Minor language polishing | Grade C: A great deal of language polishing | Grade D: Rejection |  |  |
| Conclusion | Accept (High priority) | Accept (General priority) | Minor revision | Major revision | Rejection |  |
| Re-review | Yes | No |  |  |  |
SPECIFIC COMMENTS TO AUTHORS
Dear authors I commend ur work to report the cervival CMF along with a review of literature. I have a few concerns that need clarification before I could recommend your work for publication. 1. Opening statements in the introduction is satisfactory but the way you pitch in your case needs to be improvised 2. Case history needs to be revised for relevance and language needs lot of attention in surgical procedure 3. In general for any oncological case report a minimum follow up of 2 years is needed before presenting to comment on recurrence but your case with short follow up you say your management strategy has significantly less recurrence rate which needs to be modified 4. The histopathological image provided is not electron microscopy kindly revise it and also mention the magnification factor and the diagnostic features 5. Most of the points discussed in introduction were repeated in discussion segment kindly avoid repetition 6. Discuss all the potential differential diagnosis in your case and the ways by which you ruled out all and arrived at the current diagnosis 7. Presentation and details of CMF in other locations are not warranted and you can stick on to the varied spinal presentations of CMF reported in literature 8. Avoid references in conclusion and don't introduce new facts in conclusion 9. Kindly rephrase conclusion to only facts from your case and don't generalise the results