

Review of: "Current Novel Concept of Carcinogenesis to Combat Oral Cancer"

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Potential competing interests: No potential competing interests to declare.

This manuscript introduces the oral cancer in aspects of brief epidemiology, etiology, chemoprevention and some technologies for diagnosis. It gives a general knowledge of oral cancer for those readers who have no background in this field. However, there are some suggestions for authors based on my personal experience.

- 1. The overall phrase is rather disorganized. Subtitles did not fit the paragraph while some paragraphs provide irrelevant information. Also, sentences with limited researches evidence, I suggest authors re-organize the paper and arrange relevant information into their most related part. Also, could authors provide more reference and make more accurate details to support their interpretation? These modification maybe helpful to make a better backbone structure.
- 2. In the introduction part, authors briefly introduced the epidemiological information of oral cancer, however, it is too sketchy to know the background of this disease. Also, some short and windy descriptions distract my interests in further reading. Would it be better to create an individual phrase for details of epidemiology?
- 3. The subtitle 'Oral carcinogenesis' is less precious. I think carcinogenesis should be some environmental factors, driven genes, or a progression that pre-cancer turned to cancer. Instead, authors introduced some technologies that used for diagnosing oral cancer. The blurry interpretation of smoking exposure and gene mutation are only shown in the last few sentence. But long-term exposure to risk environmental factor is the common sense of canceration for almost all cancer.
- 4. Are there any more specific biomarkers for oral cancer rather than the mentioned ones? Or, is there any cohort research could support that p53 or EGFR are the biomarker for oral cancer?
- 5. Authors mentioned two animal models, hamster cheek pouch and 4-nitroquinoline-1-oxide (4-NQO). Since the homology of genome, etiology heterogeneity, and organ structure remain differences between human and rodent animal. In tumor research, xenograft tumor model would be the first choice and routine methods, could author discuss the pros and cons between these two models with xenograft tumor model? Why these two model important for detailed description?
- 6. What is the standard or clinical first-line chemotherapy or reagent for oral cacner? And what the advantages of these mentioned therapy are better than guideline therapy?

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