Reviewer’s report

Title: EPIDEMIOLOGICAL AND HISTOPATHOLOGICAL PROFILE OF MALIGNANT MELANOMA IN MALAWI

Version: 0 Date: 23 Oct 2018

Reviewer: Lisa Altieri

Reviewer's report:

This article was especially appealing to this reviewer, as this reviewer has been to Kamazu Central Hospital in Lilongwe and wants to see this article succeed. However, major edits are necessary to make this article publication-ready. The references regarding page numbers and line numbers are based on the PDF provided. Please see below for opportunities for improvement of this manuscript:

Abstract
Page 2, line 40 - Rather than citing studies about what it already known (also was not able to find a reference supporting your first line in the abstract), why not focus on what is not known and what this article can contribute?
Page 3, lines 16-31 (conclusion) - What does your information add to the medical literature? The last sentence of your conclusion should be a call to action or should provide some sort of interpretation of your data. Please think of your readership. Why should physicians be interested in this paper? Literature on melanoma in black African-Americans is not sparse; in this manuscript please include citations of previous literature that would suggest that there would be any difference between melanoma subtypes/prevalence in black African-Americans and melanoma in black Africans.

Introduction
Page 4, Line 6. Your reference #1 does not support this statement. Please cite the correct source, specify whether the data is from worldwide population-based databases or otherwise, which country or countries is this data from, and what racial/ethnic populations were included in the database.

Results
In general, when providing the % of cases of each type, please also include the number of cases next to the percentage. Please consider splitting up your data in Table 2 into several different tables, for improved readability. These tables should tell the reader the number of melanomas by anatomic site, histologic type, Breslow depth, and clinical stage (TNM system).

Page 5, Line 30 - this article is not about benign melanocytic lesions, why not just start by saying how many melanocytic cases were analyzed?
Page 5, Line 41 - would recommend separating the demographic information from the clinical information (i.e., put the info about % from a metastatic site in a separate paragraph)
Page 6, Table 1 - The information regarding table 1 seems irrelevant. Tables are needed to summarize data in this article, but not for the data presented in table 1.

Page 8, Figure 2 - Seems unnecessary to include in this paper.

Page 9, Table 2 - The headings for tables should be more robust and include the population studied, where it was studied at, years studied. There should be footnotes at the bottom of the table with the abbreviations used in the table. Did you mean to include lentigo maligna in this analysis? Lentigo maligna is melanoma in situ; are you focusing the study on only invasive melanomas and that is why your study number is 76? If you want to include lentigo malignas, please change your number to 77 and specify that you were examining invasive melanomas as well as melanomas in situ.

Discussion
Please say why this study is important; many studies have been done on melanoma across many different races/ethnicities, including blacks. Is there any scientific reason for not assuming similar rates of melanoma between blacks in other countries (e.g., African-Americans) and blacks in Africa?

Page 10, Line 26: please consider delete the info about albino patients, as this information is not related to the current study

Page 10, line 44: please include a separate "limitations" section or paragraph rather than weaving these limitations into the discussion

Page 11, line 5: please elucidate more on how this conclusion was made

Page 11, line 18: source #36 - how could this statement be made if you were not comparing the rates of ALM between blacks in Africa vs blacks on other continents?

Page 12, lines 2-15: I would not think this is that surprising, as it may be a difference of whether growth pattern is included in the pathology report - a rapidly-growing nodular melanoma can arise within acral lentiginous melanoma and proliferate more deeply in the skin. Acral melanomas can start out as patches with radial growth and then develop a more nodular, vertical, growth pattern.

Conclusion
Again, what does your information add to the medical literature? The last sentence of your conclusion should be a call to action or should provide some sort of additional interpretation of your data.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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