

October 18, 2018

Lian-Sheng Ma

Founder and Chief Executive Officer

Baishideng Publishing Group, Inc

World Journal of Clinical Oncology

Dear Dr. Ma,

Thank you for your ongoing consideration of our manuscript entitled "Stereotactic Body Radiation Therapy for Non-Small Cell Lung Cancer: A Review."

We found the reviewers' comments to be very helpful and informative in improving our manuscript. We have addressed the reviewers' comments in a point-by-point discussion listed below. Additions to the manuscript have been highlighted in red in the resubmitted manuscript. We believe that by changing the manuscript type to a more appropriate "Mini-Review," rather than a "Systematic Review," as previously submitted, we have addressed many of the concerns raised. This updated manuscript is certainly stronger and has benefited from this peer-review process. We hope that you will find our responses satisfactory.

As before, we have not reported similar work in the past. We have no competing interests to declare. All authors have approved the manuscript.

Thank you again for your consideration of our manuscript.

Sincerely,

Anurag K. Singh, MD

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Response to Reviewers:

Reviewer #1: With this systematic review, the authors suggest that SBRT remains an important treatment option in the management of patients with early stage but medically inoperable NSCLC. They emphasize that SBRT offers a better toxicity and quality of life profile compared to conventionally fractionated radiation therapy. The article is well-designed.

Reviewer #2: This is a well-written literature review of SBRT for localized non-small cell lung cancer, coming from a very distinguished team. This article doesn't fully follow the methodological rigor of conventional systematic reviews, and other similar work on this topic has already been published. On balance, because of the quality of the results presentation as well as the very interesting discussion, we thought that it was a useful contribution that deserves to be published and will inform practice.

Minor revisions: Method section L117: "PubMed electronic databases" should be developed. Is it only MEDLINE database?

*Added a sentence clarifying this point: Studies included were identified by performing a search of literature existing in the PubMed database.

Results section L137: should add (BED) after biologically effective doses (used L140)

*Added

Discussion L279 : should add the last work on FFF SBRT in the references : PMID: 28870945 DOI: 10.21873/anticancerres.11933

*Listed citation included

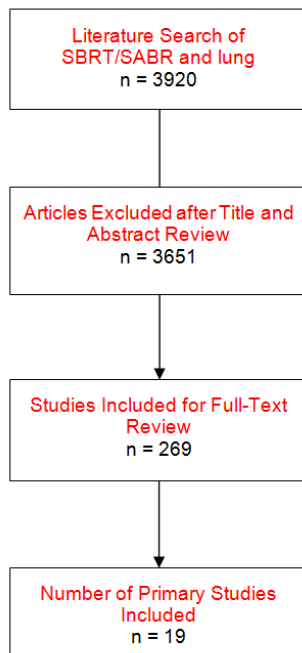
L435 : "schema" should be "schemas"

*Corrected

Figure 1 The Flow chart of the published data search should be structured as follow: - Number of articles from literature search - (Number of articles excluded after title and abstract review) - Number of

studies included for full-text reviews - Number of primary studies included Abbreviations should be defined.

Figure 1 was edited to conform to the convention listed above. Acronym definitions are listed, as well.



(Major) revisions: All the criteria required in a systematic review are not satisfied: 1) Mainly the validity assessment of the included studies (e.g. assessment of risk of bias and confidence in the results) is missing (usually detailed in a table); for example, the Risk Of Bias In Non-randomized Studies of Interventions could be used. 2) Full description of all intended information sources, with planned dates of coverage should be also used. Usual sources (other than MEDLINE) used in Systematic reviews are missing such as existing systematic reviews, trial registers, contact with authors of unpublished study or other grey literature sources. For example: Cochrane Library, MEDLINE, and EMBASE databases, Cochrane Database of Systematic Reviews, the Cochrane Central Register of Controlled Trials, the Database of Abstracts of Reviews, the American Society of Clinical Oncology, American Society of Therapeutic Radiology and Oncology, and European Society for Radiotherapy and Oncology. To reach suitability for publication, these two items must be either included or mentioned as a limitation in the discussion section. Indeed, avoiding the search of unpublished studies could introduce an important bias, especially the effectiveness of the treatment could be overestimated whereas toxicity could be underestimated (positive-outcome publication bias). If the term “Systematic review” is used, I strongly

recommend following the PRIMA-P guidelines that provide a minimal set of items to include in the methods. doi: 10.1186/2046-4053-4-1

*This has been addressed by changing the manuscript type from a systematic review to a mini-review, and the conventions required of the latter have been followed. In addition, the word "systematic" has been removed from the manuscript when used in conjunction with "review," in order not to mislead the readership. In addition, the following sentence was added to the discussion to address the above reviewer's concerns about the limitations of this manuscript: "Notably, a validity assessment of included studies to evaluate the risk of bias and confidence of results was not undertaken. Unpublished studies are unable to be adequately assessed, and this, too, may lead to an important bias leaning toward the effectiveness of treatment or the under-estimation of toxicities."

Reviewer #3: This manuscript is well-written and provides a lot of information about SBRT treatment for NSCLC.