



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 67114

Title: Postoperative radiotherapy (PORT) in resected non-small cell lung cancer (NSCLC): the never-ending story

Reviewer's code: 05622594

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Spain

Manuscript submission date: 2021-04-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-15 09:31

Reviewer performed review: 2021-04-16 08:16

Review time: 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The author reports an evidence review of postoperative radiotherapy in resected non-small cell lung cancer. I have few comments. - The Lung ART trial (NCT00410683) is the most important study to date in evaluating PORT. Therefore, the author should provide a more detailed overview of this study. In particular, please add that the candidate of the study is patients with stage III pN2 disease. - Doesn't the result of this study determine that PORT is not recommended for patients with complete resected (R0) stage III NSCLC? If it cannot be determined, what was missing from this trial. In addition, aren't all of the guidelines the author had presented in the text before the results of this trial were available? I think the author needs to discuss whether or not the results of this study may change the guidelines. - The author describes the imaging of mediastinal lymph nodes in Section 4. However, the theme of this review is postoperative radiotherapy. Since mediastinal lymph nodes can basically be evaluated using surgical specimens, I think it is unnecessary to describe about diagnostic imaging. - The author shows the recommended PORT doses for R0 and R1/2 in Section 6. However, the rationale for recommendation is not cited or explained. - The phase III trial have demonstrated the efficacy of atezolizumab, an immune checkpoint inhibitor, as adjuvant therapy for resected NSCLC, and adjuvant therapy using atezolizumab is expected to become one of the standard treatments for patients with resected NSCLC in the near future. Please add a discussion on the position of PORT in the coming ear of immunotherapy.