

PEER-REVIEW REPORT

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Manuscript NO: 58951

Title: Is there a place to optimize thoracic radiotherapy in LS-SCLC after 20 years?

Reviewer's code: 02495864

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: Argentina

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Reviewer chosen by: Ya-Juan Ma

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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 Grade E: Do not publish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 type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

SPECIFIC COMMENTS TO AUTHORS

in the present Review, Barros et al summarize the Clinical results that form the basis for the use of thoracic radiotherapy in LD-SCLC. Table 1 might be improved by adding additional details about each study, including # patients in each arm, the % of patients receiving PCI, type of chemotherapy and number of cycles, Response rate, major toxicities. Few times throughout the manuscript, the au claim that modern RT techniques might improve patient outcomes. This is rather unlikely, since nowadays 3DConformal is widely implemented, whereas IMRT is rarely used the conclusion about the Convert trial as the new standard is unclear. what kind of new standard do the Au refer to, since in many Countries the hyperfractionated Schedule is being implemented since the Turrisi study