



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 62809

Title: Imaging diagnosis of bronchogenic carcinoma (the forgotten disease) during times of COVID-19 pandemic: Current and future perspectives

Reviewer's code: 03004172

Position: Editorial Board

Academic degree: MD

Professional title: Research Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: India

Manuscript submission date: 2021-01-19

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-01-21 10:02

Reviewer performed review: 2021-01-21 11:17

Review time: 1 Hour

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 Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



**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

The manuscript is well written and very interesting



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 62809

Title: Imaging diagnosis of bronchogenic carcinoma (the forgotten disease) during times of COVID-19 pandemic: Current and future perspectives

Reviewer's code: 03270609

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: India

Manuscript submission date: 2021-01-19

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-03-21 08:10

Reviewer performed review: 2021-03-21 14:51

Review time: 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The review is devoted to important and topical issues - the problems of organizing medical care for patients with bronchogenic carcinoma in COVID-19 conditions. The impossibility in some cases to postpone the treatment of patients with oncological pathology leads to the fact that both patients and medical personnel are at a high risk of COVID-19 infection. For patients with bronchogenic carcinoma, the risk of COVID-19 infection is of particular concern, both due to the similarity of clinical manifestations, and the likelihood of a sharp deterioration in the condition due to deterioration of the respiratory and cardiovascular comorbidities in patients. The author analyzed the results obtained by world clinics and summarized optimal strategies for organizing medical care and managing patients with bronchogenic carcinoma in COVID-19 conditions. The manuscript focuses on the need to prioritize when addressing the following issues: prevention of infection of patients and medical staff, risk stratification for patients with bronchogenic carcinoma, the use of artificial intelligence in the analysis of images of pathological processes in the lungs, the choice of optimal treatment tactics for patients with an established diagnosis. The author of the manuscript notes the main problems faced by practical health care in providing medical care to cancer patients - the inability of healthcare stakeholders to adequately streamline ample resources for patients with cancer and a lack of resources, which have been seriously reduced due to their redistribution in favor of patients with COVID-19. The material of the review is presented consistently and logically. Clinical findings and features of COVID-19 imaging on CT scan in patients with bronchopulmonary manifestations of COVID-19 and patients with bronchogenic carcinoma are detailed. The author gives a classification of priorities in the visualization of bronchodilatory carcinoma, depending on the risks of disease progression, and fully and comprehensively discusses various approaches to the



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timing and methods of treating patients in different world clinics. The manuscript is written in good English. The information given in the manuscript can be used in the practice of both oncologists and doctors involved in the diagnosis and treatment of patients with new coronavirus infections. Discussion notes: 1. It is possible that in some sections of the manuscript there is repetitive material, similar in content and meaning. 2. Section: Management of COVID-19 patients. It seems not entirely logical in one section to provide information on the peculiarities of diagnosis and features of the management of patients with COVID-19. 3. The author provides evidence that cancer patients are more prone to lesions of covid-19. However, it is quite possible that the higher infection rate is due to the need to visit medical institutions, especially the CT scan of the chest, which significantly increases the risk of contact with infected patients and medical personnel. 4. Unfortunately, the author practically does not touch upon the situation when, in connection with CT diagnostics of covid-19, the number of cases of detection of asymptomatic focal changes in the lungs has significantly increased.