



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 42262

Title: Stereotactic body radiation therapy for non-small cell lung cancer: A review

Reviewer's code: 03890335

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2018-09-25

Date reviewed: 2018-10-01

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

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

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 42262

Title: Stereotactic body radiation therapy for non-small cell lung cancer: A review

Reviewer's code: 02725974

Reviewer's country: France

Science editor: Fang-Fang Ji

Date sent for review: 2018-09-25

Date reviewed: 2018-10-03

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

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



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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? Results section L137: should add (BED) after biologically effective doses (used L140) Discussion L279 : should add the last work on FFF SBRT in the references : PMID: 28870945 DOI: 10.21873/anticancerres.11933 L435 : “schema” should be “schemas” 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. (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



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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

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 42262

Title: Stereotactic body radiation therapy for non-small cell lung cancer: A review

Reviewer’s code: 02544209

Reviewer’s country: Turkey

Science editor: Fang-Fang Ji

Date sent for review: 2018-09-25

Date reviewed: 2018-10-04

Review time: 8 Days

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			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

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



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