

22.02.2021

Lian-Sheng Ma, MD

Science Editor, Company Editor-in-Chief, Editorial Office

World Journal of Clinical Cases

Dear Prof. Ma,

Re: MS no. 6078

Complete pathological response in LA-NSCLC patient: case report of and literature review by Elisabetta Parisi *et al.*

On behalf of my co-authors, I am returning the above manuscript, modified in accordance with the comments of the reviewers and the Editorial Office, for further evaluation. As requested, a point-by-point reply to all the issues raised is enclosed. Corrections to the text are shown in red.

I look forward to hearing from you.

Yours sincerely,

Elisabetta Parisi, MD

Corresponding Author

Reviewer 1

The author describe the case of a patient with locally advanced node-positive NSCLC treated in a phase II prospective protocol with chemotherapy, accelerated hypofractionated radiotherapy (AHRT) and surgery in the pre-immunotherapy era. They show a case accelerated hypofractionated radiotherapy can be used successfully to treat primary locally advanced NSCLC with bilateral mediastinal lymph node involvement. It is uncommon but need to a serie of case to prove. They give a good design studies that contemplate chemotherapy, hypofractionated RT and IO. But, in this study, I did' see the histologically examination. According to above, I recommend transform to a oncologist or pulmonologist who can work togethr to assess if this article should be publish or not.

Reply: The comment about the need for a case series is a pertinent one. In fact, we published the complete study last year (see reference no. 10 - Parisi et al. Radiation Oncology 2019; 14: 112). The histology referral has been added to the text (page 7, lines 9-18).

Reviewer2

The authors presented a interesting case with information to management. It is suggested that accelerated hypofractionated radiotherapy could be successfully used to treat primary locally advanced NSCLC with bilateral mediastinal lymph node involvement. It still need case collection to confirm the effects of this therapy.

Reply: The comment about the need for a case series is a pertinent one. In fact, we published the complete study last year (see reference no. 10 - Parisi et al. Radiation Oncology 2019; 14: 112). The English language content has been reviewed by a native English speaker with long-standing experience in the area of scientific article correction.

Editorial Office

Science editor

1 Scientific quality: The manuscript describes a case report of the complete pathological response in LA-NSCLC patient. The topic is within the scope of the WJCC. (1) Classification: Grade B and Grade C; (2) Summary of the Peer-Review Report: The authors presented an interesting case with information to management. They give a good design studies that contemplate chemotherapy, hypofractionated RT and IO. **the histologically examination should be added;** and (3) Format: There are 2 figures. A total of 17 references are cited, including 2 references published in the last 3 years. There is 1 self-citation, which is related to this study. 2 Language evaluation: Classification: Grade B and Grade A. 3 Academic norms and rules: The authors provided the CARE Checklist-2016. **The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the official written informed consent signed by the patient.** No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJCC. 5 Issues raised: The authors did not provide original pictures. **Please provide the original figure**

documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 6 Re-

Review: Not required. 7 Recommendation: Conditional acceptance.

Reply: As requested, a description of the histological findings has been added to the text (page 7, lines 9-18). The entire manuscript has been re-checked by a native English speaker with many years' experience in manuscript correction. We have uploaded the duly signed Conflict-of-Interest Disclosure, Copyright Licence agreement, and official written informed consent signed by the patient's next-of-kin. PowerPoint figures have been uploaded.