

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 82796

Title: Immunotherapy in Glioblastoma Treatment: current state and future prospects

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05575380 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-12-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-28 13:01

Reviewer performed review: 2022-12-28 13:10

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Thank you so much for inviting to review this interesting piece of work which discusses an important, timely, emerging topic in glioblastoma treatments. Some changes are required: - A linguistic revision should be performed by a professional service since there are some grammar mistakes and oversights to be corrected. It would be helpful. - The authors should include a personal perspective regarding how immunotherapy and immune-based combinations may modify the current and future treatment scenario of glioblastoma. - A focus on predictive biomarkers is needed. This is the major issue of the manuscript. The authors should discuss potential biomarkers in cancer immunotherapy, ranging from PD-L1, MSI, TMB, concomitant medications, etc, and should add some recently published papers regarding this topic, only for a matter of consistency (PMID: 34894318; PMID: 32994319; PMID: 36368251; PMID: 36414800).



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Peer-review model: Single blind

Reviewer's code: 05130847 Position: Peer Reviewer Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Brazil

Manuscript submission date: 2022-12-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-30 03:19

Reviewer performed review: 2022-12-30 03:20

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript (NO: 82796) focused to the perioperative safety and prognosis following parenchyma-preserving surgery for SPT. The authors retrospectively analyzed 194 patients, 62 patients underwent parenchyma-preserving pancreatectomy including middle segment pancreatectomy and enucleation, and pointed parenchyma-preserving surgery did not increase the frequency of perioperative complications or recurrence and might be preferable if comprehensive conditions allow. However, some following questions are worth discussing. 1. Which patients should undergo organ preservation surgery and what are the indications for surgical choice? 2. What is the basis for the age stratification subgroup analysis? It is recommended to use stratified analysis of imaging pathological features, which is an important basis for the selection of surgical methods. 3. It is recommended to add logstic multivariate analysis to the risk factor analysis of tumor recurrence. In addition, there are some grammatical errors, and the research focus and features are not focused enough.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 82796

Title: Immunotherapy in Glioblastoma Treatment: current state and future prospects

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05575380 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Brazil

Manuscript submission date: 2022-12-28

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2023-02-23 08:03

Reviewer performed review: 2023-02-23 08:04

Review time: 1 Hour

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



SPECIFIC COMMENTS TO AUTHORS acceptance.