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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology
**ESPS manuscript NO:** 17933
**Title:** Lung cancer screening - Computed Tomography or Chest Radiographs?
**Reviewer's code:** 02493519
**Reviewer's country:** Japan
**Science editor:** Xue-Mei Gong
**Date sent for review:** 2015-04-04 18:52
**Date reviewed:** 2015-04-10 11:15

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ Y] Grade A: Priority publishing | Google Search: | [ ] Accept |
| [ Y] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] The same title | [ Y] High priority for publication |
| [ ] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [ ] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [ ] Minor revision |
| [ ] Grade E: Poor | | [Y ] No | [ ] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [Y ] No | |

## COMMENTS TO AUTHORS

General Comment This invited review article shed light on the comparison of lung cancer screening with low-dose computed tomography (LD-CT) versus simple chest radiography (CXR). Referring to the reliable studies having been conducted in this field so far, the authors demonstrated that the incidence of detecting lung cancer as well as the mortality associated with lung cancer were much favorable when lung cancer was screened with LD-CT than those with CXR. The rate of false positive for lung cancer, however, was revealed to be substantially higher when LD-CT was used for screening lung cancer. In addition, the authors discussed the potential risk of lung cancer occurrence caused by LD-CT-elicited radiation exposure, which was demonstrated to be not negligibly small in a clinical setting. Finally, the authors made mention of the difference in cost-effectiveness between the screening with LD-CT and that with CXR, leading them to consider that both screening methods had a comparable cost-effectiveness. Based on these findings reported in literature, the authors concluded that it would be highly likely that low-dose CT screening for patients at high risk for developing lung cancer was a cost-effective approach which would lead to improved outcome due to earlier detection and treatment of this highly lethal malignancy. The reviewer is convinced that the

present review article is very useful from a clinical standpoint of view. However, there is the one issue that should be corrected; i.e., the manner of depicting the reference in the text was not unified. It was described as the superscript number in some passage, but as the number in parenthesis in other passage.

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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology
**ESPS manuscript NO:** 17933
**Title:** Lung cancer screening - Computed Tomography or Chest Radiographs?
**Reviewer's code:** 00608206
**Reviewer's country:** Spain
**Science editor:** Xue-Mei Gong
**Date sent for review:** 2015-04-04 18:52
**Date reviewed:** 2015-04-12 01:33

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ Y] Grade A: Priority publishing | Google Search: | [ Y] Accept |
| [ Y] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] The same title | [ ] High priority for publication |
| [ ] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [ ] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [ ] Minor revision |
| [ ] Grade E: Poor | | [Y ] No | [ ] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [Y ] No | |

## COMMENTS TO AUTHORS

GENERAL COMMENTS Review article on the role of low-dose CT and chest radiography screening for lung cancer. This is a topic of interest; the review is updated and provides interesting aspects in the discussion. Level of Interest: Review article. Topic of interest serviced properly. References are acceptably updated. 50% of them (20/40) are the last five years. The structure of the review article is correct. TITLE I find interesting and attractive, especially because it seems that it is generally accepted that Chest X-ray has no role in the present in Lung Cancer Screening and, if anything, the low dose HRCT is what might have some role screening of that in lung cancer. CONCLUSION: Although the title is very suggestive and raises uncertainty. REVIEW confirmed usually accepted by the scientific community. HOWEVER I find interesting the review is presented very clearly and current. The final comments on the possible role of chest radiography in screening for lung cancer in some situations and technical improvements on radiographs in the future, I find very interesting. REFERENCES updated: 20/40, 50% in the past five years. There are no ethical problems. SPECIFIC COMMENTS: The structure of the review article is correct. TITLE: Correct. Specific, it adequately contains the primary endpoint. (Words: 8). TITLE I find interesting

and attractive, especially because it seems that it is generally accepted that Chest X-ray has no role in the present in Lung Cancer Screening and, if anything, the low dose HRCT is what might have some role screening of that in lung cancer. Review article on the role of low-dose CT and chest radiography screening for lung cancer. This is a topic of interest; the review is updated and provides interesting aspects in the discussion. Level of Interest: Review article. Topic of interest serviced properly. References are acceptably updated. 50% of them (20/40) are the last five years. CONCLUSION: Although the title is very suggestive and raises uncertainty. REVIEW confirmed usually accepted by the scientific community. HOWEVER I find interesting the review, is presented very clearly and current. The final comments on the possible role of chest radiography in screening for lung cancer in some situations and technical improvements on radiographs in the future, I find very interesting. REFERENCES updated: 20/40, 50% in the past five years. There are no ethical problems.

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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology
**ESPS manuscript NO:** 17933
**Title:** Lung cancer screening - Computed Tomography or Chest Radiographs?
**Reviewer's code:** 02497950
**Reviewer's country:** Japan
**Science editor:** Xue-Mei Gong
**Date sent for review:** 2015-04-04 18:52
**Date reviewed:** 2015-04-16 17:47

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ Y] Grade A: Priority publishing | Google Search: | [ Y] Accept |
| [ ] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] The same title | [ ] High priority for publication |
| [ Y] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [ ] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [ ] Minor revision |
| [ ] Grade E: Poor | | [Y ] No | [ ] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [Y ] No | |

## COMMENTS TO AUTHORS

The authors reviewed lung cancer screening with computed tomography or chest radiographs. This is a well-written, concise review.

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# ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Radiology
**ESPS manuscript NO:** 17933
**Title:** Lung cancer screening - Computed Tomography or Chest Radiographs?
**Reviewer's code:** 00289471
**Reviewer's country:** Italy
**Science editor:** Xue-Mei Gong
**Date sent for review:** 2015-04-04 18:52
**Date reviewed:** 2015-04-13 06:12

| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | CONCLUSION |
|---|---|---|---|
| [ ] Grade A: Excellent | [ Y] Grade A: Priority publishing | Google Search: | [ Y] Accept |
| [ Y] Grade B: Very good | [ ] Grade B: Minor language polishing | [ ] The same title | [ ] High priority for publication |
| [ ] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Duplicate publication | [ ] Rejection |
| [ ] Grade D: Fair | [ ] Grade D: Rejected | [ ] Plagiarism | [ ] Minor revision |
| [ ] Grade E: Poor | | [Y ] No | [ ] Major revision |
| | | BPG Search: | |
| | | [ ] The same title | |
| | | [ ] Duplicate publication | |
| | | [ ] Plagiarism | |
| | | [Y ] No | |

## COMMENTS TO AUTHORS

The topic is interesting and well exposed. It is already known that CT performs better than chest radiographs but economical considerations and use of CAD could raise some further considerations on this matter. I think that some minor corrections would be useful: In the section "Chest radiographs" it is stated that 109 patients were detected and 52 patients had early stage cancer and 35 an advanced stage disease, it is not clear what was found in the other patients; in the same section it is not perfectly clear relationship between detection and outcome in that groups. The article is very well written and exhaustive. It is worth publishing.