



PEER-REVIEW REPORT

Name of journal: *World Journal of Experimental Medicine*

Manuscript NO: 72025

Title: A concise review of radiosurgery for contemporary management of pilocytic astrocytomas in children and adults

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01206373

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Turkey

Manuscript submission date: 2021-09-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-27 05:30

Reviewer performed review: 2021-10-27 12:37

Review time: 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

General comments: This is a mini-review article about stereotactic irradiation, including stereotactic radiosurgery (SRS) and radiotherapy (SRT), for pilocytic astrocytoma in children and adults. It includes some data condensed from previously published reports and is written in an easy-to-read style. This review will help readers understand the indication and efficacy of stereotactic irradiation for pilocytic astrocytoma, although it is not a common tumor. However, there are some problems that the authors need to clarify and revise as mentioned in the specific comments below.

Specific comments: 1. Table 1 Trifiletti et al. treated with SRS and SRT. Please give information about a marginal dose and fractionation of SRT. Simonova et al. and Lizarraga et al. also used SRT at total doses of 25 Gy and 50.4 Gy, respectively, for the treatment of this disease. Please clarify the fractionation (5 fractions in the former and 28 fractions in the latter?). 2. Radiosurgery for pilocytic astrocytoma, page 12, lines 4-6 The authors wrote "Another advantage of radiosurgery is the completion of therapy in a typically shorter overall treatment time with a condensed schedule, usually in a single session or in a few fractions...". It is strictly defined that SRS is performed with a single fraction and SRT is with two or more fractions. I suggest rewriting this sentence so that it is a correct description. 3. Conclusion and future perspectives Do the authors which is better for pilocytic astrocytoma, SRS or SRT, think? If any, please show the authority.