

ESPS Peer-review Report

Name of Journal: World Journal of Respiriology

ESPS Manuscript NO: 7017

Title: "A phase II trial of adjuvant chemotherapy with tri-weekly carboplatin plus docetaxel in patients with completely resected non-small cell lung cancer

Reviewer code: 02499200

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-14 19:38

Date reviewed: 2013-11-17 07:15

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an article showing the results of adjuvant chemotherapy in a two-stage multi-center phase II study. The study concludes that adjuvant chemotherapy with CBDCA AND DTX is useful and has an acceptable toxicity. It is a descriptive work in a single arm of 67 patients with a well designed and implemented methodology (inclusion and exclusion criteria, pretreatment and treatment schedule). Statistical analysis is correct. The main limitation of this study, as the authors pointed out, is the short number of patients included. This is nevertheless an interesting work demonstrating the feasibility of this adjuvant chemotherapy treatment in patients with NSCLC.

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Title: "A phase II trial of adjuvant chemotherapy with tri-weekly carboplatin plus docetaxel in patients with completely resected non-small cell lung cancer

Reviewer code: 00061154

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-14 19:38

Date reviewed: 2013-11-22 01:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. Please explain why only 3 courses of adjuvant chemo were given. The standard number of adjuvant courses is 4.
2. Grade 4 neutropenia of 66% is excessive. This is even more than your grade 3.
3. Is this a mistake? If so, this would explain the rare neutropenic fever.

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Title: "A phase II trial of adjuvant chemotherapy with tri-weekly carboplatin plus docetaxel in patients with completely resected non-small cell lung cancer

Reviewer code: 02499736

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-14 19:38

Date reviewed: 2013-12-31 15:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Good work on an important topic. I have only one major comment for your study -Although compliance rate is not bad, still grade 3/4 neutropenia rate is very high. Also we should consider that these are completely resected patients. I would not call this regimen as showing "acceptable toxicity". Please revise accordingly

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Title: "A phase II trial of adjuvant chemotherapy with tri-weekly carboplatin plus docetaxel in patients with completely resected non-small cell lung cancer

Reviewer code: 02497150

Science editor: Wen, Ling-Ling

Date sent for review: 2013-11-14 19:38

Date reviewed: 2013-12-31 16:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[Y] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for publication
[] Grade C (Good)	[] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	[] Existed	[Y] Minor revision
[] Grade E (Poor)		[] No records	[] Major revision

COMMENTS TO AUTHORS

Dear Authors: This is a well conducted phase II study for adjuvant lung cancer treatment though the case number is small. The choice and dose of docetaxol and carboplatin is reasonable for the purpose. The application of G-CSF can be considered in future study because of frequent Grade 3 and grade 4 neutropenia. The 6 th edition pathology stage can be omitted in table 1 because the old staging is no longer used. In table 3, the incidence of peripheral neuropathy should be provided.