

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Respirology

ESPS manuscript NO: 15521

Title: Unresectable stage III NSCLC: have we made any progress?

Reviewer's code: 02496361

Reviewer's country: Brazil

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 13:24

Date reviewed: 2014-12-04 00:18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

It is an interesting review manuscript focusing on the major results obtained with different therapies in NSCLC stage III (non resectable) that will provide an update for professionals in lung cancer. I have few suggestions as it follows: I believe that a better description of NSCLC incidence according to age is needed and also how this factor could interfere with the treatment. Please include that on a multiple retrospective analyses of clinical trial data it was found that advanced age alone has not been shown to influence response or survival with therapy (Earle CC, Tsai JS, Gelber RD, et al.: Effectiveness of chemotherapy for advanced lung cancer in the elderly: instrumental variable and propensity analysis. J Clin Oncol 19 (4): 1064-70, 2001). On the other hand, recent studies showed that carboplatin instead of cisplatin-based CRT is the most appropriate chemotherapeutic agent for elderly stage III patients (Radiother Oncol. 2014 Aug;112(2):272-278) and that despite toxicity RT alone may improve the outcomes of elderly patients with unresected stage III NSCLC (Lung Cancer. 2013 Nov;82(2):266-70). These findings deserve a further discussion. In the following phrase it would be adequate to discuss more the effects of this therapy combination in elderly. "However the latter combination showed higher risk in elderly patients to develop symptomatic



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radiation pneumonitis [13]. Both regimens are used commonly." The following phrase requires more details: One possible explanation that is put forward is that in patients with larger tumours, the dose to the target may have been compromised in order to meet the dose constraints on the organs at risk. The RTOG is actually performing a very detailed analysis of the quality aspects of the delivered radiotherapy. Whatever the explanation, the RTOG 0617 trial showed that prolonging conventionally fractionated radiotherapy for dose escalation is not sufficient to create a better local tumour control [60]. As part of the conclusion it should be pointed that individual treatment protocols considering for instance patient age, health status, EGFR mutations, tumor size variability might be used to reach better results.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Respirology

ESPS manuscript NO: 15521

Title: Unresectable stage III NSCLC: have we made any progress?

Reviewer's code: 00570480

Reviewer's country: Australia

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 13:24

Date reviewed: 2014-12-01 13:05

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well and clearly written paper which does not require significant modification. The search strategy needs to be wider and include a greater number of databases and the inclusion criteria of the data and the quality of the papers clearly defined. It needs a summary table to the papers included as to the key findings they made and a figure of the mechanisms of action of the agents mentioned. It does not need a meta-analysis but should take the form of a systematic review.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Respirology

ESPS manuscript NO: 15521

Title: Unresectable stage III NSCLC: have we made any progress?

Reviewer's code: 00608132

Reviewer's country: Egypt

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 13:24

Date reviewed: 2014-12-02 03:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Work is okay but you have many part of your paper copied from other papers and websites e.g. wikipedia and other places. Please rewrite in your own words. Please use abbreviation but you have to put the full name first e.g. your title have an abbreviation which is confusing and need to be put in full name so reader go through your paper smoothly. Please write references in a write way e.g. [1] , [2] should be [1,2] and [1] , [2] , [3] should be [1-3]

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Respiriology

ESPS manuscript NO: 15521

Title: Unresectable stage III NSCLC: have we made any progress?

Reviewer's code: 02495864

Reviewer's country: Sweden

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 13:24

Date reviewed: 2014-12-16 20:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

In the present paper, De Tollaen et al review the current clinical evidence for the treatment of locally advanced NSCLC. In general, this is a well written paper which is careful to address the major issues on this topic, and as such may be of interest to your readership. Some minor comments follow. I think that the Au should be more generous in reporting numerical results from studies and meta-analyses, in terms of absolute response and survival values and HRs. A certain degree of English revision is warranted. Page 2, end of paragraph "Improving systemic therapy". What do the Au mean with "vinorelbine (reduction)"? Ref. 13 is incorrect. Do the Au mean to cite another paper, ie PMID: 22682812? Beginning of page 3 "More modern doublets with vinorelbine, paclitaxel, docetaxel or gemcitabine cannot be given at full doses with concurrent high dose radiotherapy." I think that this statement is too categorical. There are several phase II trials showing that cisplatin and vinorelbine is a safe and effective regimen when combined with thoracic radiotherapy. Page 3, paragraph "Consolidation chemotherapy". "the strategy of consolidation chemotherapy was investigated in analogy with the consolidation strategy in advanced NSCLC". What would be the consolidation strategy in advanced NSCLC? If the Au mean maintenance treatment, this is not really



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similar to consolidation, since it is administered until disease progression. Page 4, paragraph "vaccine therapy" "New trials have started to further investigate the potential benefit of tecemotide in maintenance after concurrent chemoradiation" It would be worth mentioning that the START II trial will not be conducted, since the company is presently allocating resources to other immunotherapy strategies. Page 4, paragraph "checkpoint inhibitors". It would be interesting if the Au could spend some sentences in describing the molecular premises that make the combination of radiotherapy and check-point inhibitors a particularly interesting strategy, especially in terms of immune modulation targeted by radiation. Final sentence "Exciting times are awaiting!" I would remove this sentence. What we are still missing are trials investigating how the knowledge on radiation biology can help to improve patient selection and outcomes.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Respirology

ESPS manuscript NO: 15521

Title: Unresectable stage III NSCLC: have we made any progress?

Reviewer's code: 02495872

Reviewer's country: United States

Science editor: Yue-Li Tian

Date sent for review: 2014-11-29 13:24

Date reviewed: 2014-12-17 03:13

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Very good comprehensive and up-to-date review of an interesting and clinically highly relevant topics.