

The current role of surgery and SBRT in early stage of small cell lung cancer

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1st Editorial decision

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Treatment of early stage small cell lung cancer: surgery versus stereotactic body radiotherapy

Journal of Clinical and Translational Research

Dear Dr. Farré,

Reviewers have now commented on your paper. You will see that they are advising that you revise your manuscript. If you are prepared to undertake the work required, I would be pleased to reconsider my decision.

For your guidance, reviewers' comments are appended below.

If you decide to revise the work, please submit a list of changes or a rebuttal against each point which is being raised when you submit the revised manuscript. Also, please ensure that the track changes function is switched on when implementing the revisions. This enables the reviewers to rapidly verify all changes made.

Your revision is due by Dec 02, 2020.

To submit a revision, go to <https://www.editorialmanager.com/jctres/> and log in as an Author. You will see a menu item call Submission Needing Revision. You will find your submission record there.

Yours sincerely

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Reviewers' comments:

Reviewer #1: Dear author(s).
Congratulations on your work. I think your study will contribute to the literature.
Best regards.

Reviewer #2: Thank you for submitting this manuscript to the EJCTS. I was pleased to receive it as a reviewer.

The authors have carried out an extensive review on a recurring topic of discussion in daily practice despite the updates of the different clinical guidelines in this regard.
The review work carried out is complete, current and clearly stated.

I would like to make few questions:

1. First of all, it is not a work that evaluates surgery versus SBRT as alternative treatments. The title can be misleading. A State of the art in the treatment of early stage small cell lung cancer or the current role of surgery and SBRT in small cell lung cancer for example would be more convenient.
2. Despite being a review article and not a meta-analysis or a best evidence topic, it would be valuable to add a small methodology section specifying the search characteristics and the criteria to decide the bibliography used and the degrees of evidence of the chosen articles that are they could add in the attached tables.
3. A small comment on limitations is lacking in this paper, many articles are case series or retrospective reviews. There is a lot of heterogeneity between the different groups of patients treated.
4. The introduction and historical contribution on the definition of a limited or early stage is interesting but could be summarized.
5. The discussion resembles a summary of those previously provided and not a critical discussion about the data provided and its limitations. Nor do they provide arguments to defend their algorithm proposal in relation to the studies analyzed.
6. I think that figure 1 with the treatment planning of an SBRT does not provide information of interest to the work.
7. I think there is a typographical error in the parenthesis placed in the sentence: "(guidelines now recommend surgery as the initial treatment option in operable...." Page 10.

Finally, good luck with your paper, and thanks again for submitting it.

Reviewer #3: 1.This article reviews surgery and SBRT in ES-SCLC. However, only the patients with T1-2N0M0 has the chance of surgery in clinical. So it would be better to choose

T1-2N0M0.

2. It has been shown in the guidelines that SBRT can be recommended for patients who cannot be operated. Therefore, the author should summarize what kind of people is suitable for SBRT, and the difference of prognosis between the two treatment.

Reviewer #4:

This is a very nice and comprehensive review paper, which is well-conceived and well-executed. This reviewer is satisfied with the significance of this review paper. However, the work can be further improved with some concerns to be addressed.

1. In this review, the authors used ES-SCLC as the abbreviation of early stage SCLC, which is a little confusing at a first glance, because ES-SCLC has been widely used to refer to extensive-stage SCLC in this field. As such, it is better to use other abbreviations instead of the current one.
2. The Background section can be more specific with focusing on the surgery and SBRT in early stage SCLC.
3. The Introduction section can be much improved by introducing a little bit more about the background (e.g. controversies of surgery and SBRT for early stage SCLC) and aims of this study.
4. Line 24-27, what does the "S" mean? Surgery?
5. Concerning the first reason for the rationale for surgical resection in SCLC (page 6, 1st paragraph), some relevant citations are recommended (PMID: 30341687; 26597580; 26597580), and it's better to add more comments on this unexpected intraoperative diagnosis of SCLC.

There is additional documentation related to this decision letter. To access the file(s), please click the link below. You may also login to the system and click the 'View Attachments' link in the Action column.

Authors' response

Reviewer #2:

1. First of all, it is not a work that evaluates surgery versus SBRT as alternative treatments. The title can be misleading. A State of the art in the treatment of early stage small cell lung cancer or the current role of surgery and SBRT in small cell lung cancer for example would be more convenient.

We agree on this change, we think this title is more convenient.

2. Despite being a review article and not a meta-analysis or a best evidence topic, it would be valuable to add a small methodology section specifying the search characteristics and the criteria to decide the bibliography used and the degrees of evidence of the chosen articles that are they could add in the attached tables.

We have added the search methodology. The level of evidence of the articles are added to table 1 and table 2 (study type column).

3. A small comment on limitations is lacking in this paper, many articles are case series or retrospective reviews. There is a lot of heterogeneity between the different groups of patients treated.

I agree. The literature review is limited by the heterogeneity and level of evidence from studies, but there are currently no scientific studies of greater quality. We added more comments about this topic in the discussion, page 18. We have added here a more critical point of view of treatment options, taking into account the limitations of the literature's data

4. The introduction and historical contribution on the definition of a limited or early stage is interesting but could be summarized.

The historical definition of a limited early stage has been summarized

5. The discussion resembles a summary of those previously provided and not a critical discussion about the data provided and its limitations. Nor do they provide arguments to defend their algorithm proposal in relation to the studies analyzed.

Our algorithm proposal aims to be an objective and integrated vision of the data analyzed from the literature.

6. I think that figure 1 with the treatment planning of an SBRT does not provide information of interest to the work.

We wanted to show graphically the steep dose gradient of SBRT, which explains the low toxicity of the treatment. It can be deleted if the reviewer thinks it does not provide information of interest to the work

7. I think there is a typographical error in the parenthesis placed in the sentence: "(guidelines now recommend surgery as the initial treatment option in operable...." Page 10.

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Reviewer #3:

1. This article reviews surgery and SBRT in ES-SCLC. However, only the patients with T1-2N0M0 has the chance of surgery in clinical. So it would be better to choose T1-2N0M0.

We agree on this change. It is more clear to use T1-2N0M0. We have changed it throughout the text.

2. It has been shown in the guidelines that SBRT can be recommended for patients who cannot be operated. Therefore, the author should summarize what kind of people is suitable for SBRT, and the difference of prognosis between the two treatment.

Here we give more details about the subgroup of patients who may benefit from SBRT. We further explain the difference in prognosis between the two treatments in the discussion.

Reviewer #4:

1. In this review, the authors used ES-SCLC as the abbreviation of early stage SCLC, which is a little confusing at a first glance, because ES-SCLC has been widely used to refer to extensive-stage SCLC in this field. As such, it is better to use other abbreviations instead of the current one.

We agree on this change. It is more clear to use T1-2N0M0. We have changed it throughout the text.

2. The Background section can be more specific with focusing on the surgery and SBRT in early stage SCLC.

We have added more information in the introduction about the current status of treatment in early stages of SCLC, focused on surgery and SBRT.

3. The Introduction section can be much improved by introducing a little bit more about the background (e.g. controversies of surgery and SBRT for early stage SCLC) and aims of this study.

We have added more information in the introduction about the current status of treatment in early stages of SCLC, focused on surgery and SBRT.

4. Line 24-27, what does the "S" mean? Surgery?

S" means surgery. We have changed it throughout the text when it could have been confusing.

5. Concerning the first reason for the rationale for surgical resection in SCLC (page 6, 1st paragraph), some relevant citations are recommended (PMID: 30341687; 26597580; 26597580), and it's better to add more comments on this unexpected intraoperative diagnosis of SCLC.

We added more comments on this topic and your suggested citations

2nd Editorial decision
17-Dec-2020

Ref.: Ms. No. JCTRes-D-20-00101R1
Treatment of early stage small cell lung cancer: surgery versus stereotactic body radiotherapy
Journal of Clinical and Translational Research

Dear authors,

I am pleased to inform you that your manuscript has been accepted for publication in the Journal of Clinical and Translational Research.

You will receive the proofs of your article shortly, which we kindly ask you to thoroughly review for any errors.

Thank you for submitting your work to JCTR.

Kindest regards,

Michal Heger
Editor-in-Chief
Journal of Clinical and Translational Research

Comments from the editors and reviewers:

Reviewer #1: Dear authors
your paper is well designed and written.
I think it will contribute to the literature.
Best Regards

Reviewer #3: I think your revised manuscript is considered to be accepted.

Reviewer #4: The authors have addressed the comments. The manuscript can be accepted in its current form.