



SDI Review Form 1.6

Journal Name:	Journal of Cancer and Tumor International
Manuscript Number:	Ms_JCTI_26676
Title of the Manuscript:	Immunotherapy as a Future Treatment for Relapsed and Metastatic Primary Pulmonary Sarcomas
Type of the Article	Commentary

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	Immunotherapy in Primary Pulmonary Sarcomas I enjoyed reading this commentary I have some suggestions: 1. An outline should be given of other potential targets. Could these be given in combination with immunotherapy? 2. The sections on interleukin-2 and interferon could be condensed, as these agents are not routinely used in sarcomas. 3. A discussion should be included of the Phase II trials of PD1 and PD-L1 inhibitors that have closed to enrolment. These will be presented at ASCO 2016. Are there any published data on NY-ESO-1 expression in pulmonary sarcomas? Please state.	1. I will briefly comment on using immunotherapy in combination with second-line therapies, or even using various immunotherapies in parallel. 2. This section will be condensed simply just so that the reader is aware of this approach regardless of whether it is not routinely used in sarcomas. 3. PD1 and PD-L1 inhibitors will be included. Thank you. No literature with regards to NY-ESO-1 expression specifically for pulmonary sarcomas was found, however, it was explicitly noted that this cancer testis was found in a high percentage of synovial sarcoma without specifics for location. Thus, it can be presumed that this is applicable for pulmonary sarcomas of this histology.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		