



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 <i>(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)</i>
Compulsory REVISION comments	In describing the studies with IL-2 and interferon, some mention with references needs to be made about the significant toxicity experienced with these therapies, which has limited their use in any indication. The new generation of immune-oncologics has shown to be much more tolerable and some mention needs to be made of it for context. Also checkpoint inhibitors are not mentioned: I quote from Wilky et al (Discovery Medicine, April 2014): “Two interesting observational studies were also recently reported, and showed an association between CTLA4 polymorphisms and the risk of malignant bone tumors including osteosarcoma and Ewing sarcoma in Chinese populations (Feng <i>et al.</i>, 2013; Yu and Miao, 2013). Understanding the mechanism of this phenomenon and determining applicability to other ethnic groups remains to be further investigated. For PD-1, in previous studies of other tumor types, expression of PD-1/PDL1 not only portended a worse prognosis, but was predictive of response to	Toxicity of IL-2 is mentioned, and it is clarified that it can be used in conjunction with other therapies as an adjunct instead of strictly relying on such a therapy. Although the efficacy of this therapy is suboptimal, we find it necessary to describe this from a historical perspective in discussing immunotherapies. Programmed death receptor (PD-1) and its ligands PD-L1 and PD-L2 are now mentioned as promising targets in advanced soft tissue sarcoma treatment, with mention of current phase II trials.



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	therapy. The first paper investigating PD1 expression in sarcomas was recently published, and showed that PD1-positive lymphocytes and PDL1 expression in tumor tissue were seen in 65% and 58% of 105 soft tissue sarcomas (Kim <i>et al.</i> , 2013). The positivity was also associated with worse clinical outcomes and higher clinical stage. Sarcoma-specific clinical trials of PD-1 targeted agents are in the planning stages.”	
<u>Minor</u> REVISION comments	Line 6-8, the opening statement, which is important to set the tone of the paper, is somewhat confusing and should be wordsmithed. Please make it simpler and less wordy.	This was edited so that it does not read awkwardly.
<u>Optional/General</u> comments	This is a short commentary, and generally well written. The omissions as described should be addressed.	Thank you.