

REVIEWER'S REPORT

Manuscript No.: IJAR- 51882

Date: 26/05/2025

Title: Hypofractionated radiotherapy: a technical and societal innovation in the treatment of breast cancer

Recommendation:

- ✓ Accept as it is
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance		✓		

Reviewer Name: Dr. S. K. Nath

Date: 27/05/2025

Reviewer's Comment for Publication:

The paper advocates for establishing hypofractionated radiotherapy as a standard approach in early breast cancer treatment, emphasizing its efficacy, safety, and substantial benefits to patient quality of life and societal resource optimization. The integration of clinical data with societal considerations supports the role of hypofractionation as a patient-centered, efficient, and effective treatment modality. Despite the promising findings, further prospective, larger-scale studies with longer follow-up are needed to solidify its broad application across diverse patient groups.

Reviewer's Comment / Report

Strengths

- **Evidence-Based Support:** The paper references robust clinical trials, notably the FAST-Forward study, which demonstrates equivalent efficacy of hypofractionated radiotherapy compared to conventional regimens.
- **Patient-Centered Focus:** Emphasizes the benefits of hypofractionation in improving patients' quality of life, social reintegration, and reducing treatment burden.
- **Practical Implementation:** Provides real-world data from the Mohammed VI Cancer Treatment Centre, showing practical application, patient demographics, treatment outcomes, and toxicity profiles, highlighting acceptable safety and tolerability.
- **Societal Impact:** Discusses societal benefits, such as reduced travel costs and treatment workload, which are important for healthcare planning and resource optimization.

Weaknesses

- **Limited Sample Size and Scope:** The retrospective study included only 25 patients over a relatively short and recent period (January 2021 to December 2024), which may limit the generalizability of findings.
- **Patient Selection Criteria:** The focus was on patients over 70 with no lymph node involvement, thus limiting applicability to broader patient populations, especially higher-risk groups.
- **Lack of Long-Term Outcomes:** Although 5-year efficacy is mentioned from other studies, the current study's follow-up is limited, and long-term data on recurrence and late effects are not provided within this cohort.
- **Potential Biases:** As a retrospective analysis, there may be selection bias and unmeasured confounders that could influence outcomes and toxicity assessments.