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REVIEWER'S REPORT

Manuscript No.: IJAR-52406 Date: 20/06/2025

Title: *Glioblastoma and hypofractionated radiotherapy: A suitable option for vulnerable patients*

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: 21/06/2025

Reviewer's Comment for Publication:
The study suggests that hypofractionated radiotherapy — specifically regimens of 40.05 Gy in 15 fractions or 25 Gy in 5 fractions — is a feasible and effective option for elderly or frail glioblastoma patients who are unsuitable for standard longer treatments. Both regimens showed no statistically significant differences in overall survival or progression-free survival, supporting their use as practical alternatives. These results highlight the importance of individualized patient-centered treatment approaches and open the door for further research into optimizing therapy for this vulnerable population, including the potential role of combining radiotherapy with chemotherapy.

Reviewer's Comment / Report

Strengths:
- **Clinical Relevance:** The study addresses a significant clinical challenge—managing glioblastoma in elderly or frail patients—offering potentially practice-changing insights, especially in settings with limited resources or patient comorbidities.
- **Comparative Analysis:** It compares two hypofractionated regimens directly, providing data on their relative efficacy, which can guide treatment decisions.
- **Use of Established Scales:** The assessment of performance status using validated scales (ECOG and Karnofsky) enhances the reliability of patient stratification.
- **Real-world Data:** The study reflects actual clinical practice conditions, increasing the applicability of its findings.

Weaknesses:
- **Sample Size:** The total number of patients (13 in total) is very limited, reducing the statistical power and the generalizability of the findings.
- **Retrospective Design & Post-hoc Analysis:** The study appears retrospective and includes post-hoc analyses, which can introduce bias and limit causal inferences.
- **Lack of Molecular and Biological Data:** The study does not consider molecular markers like MGMT methylation status, IDH mutation, which are increasingly important for prognosis and treatment personalization.
- **Limited Follow-up Data:** The survival data is relatively short-term, and long-term outcomes are not reported.
- **Inconsistencies & Formatting Errors:** The text contains typographical errors and inconsistent formatting, which may hinder clarity.