

REVIEWER'S REPORT

Manuscript No.: IJAR-52406

Date: 25-06-2025

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

Recommendation:

Accept as it isYes.....

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 Aamina

Reviewer's Comment for Publication.

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General Overview:

This manuscript presents a clinically pertinent investigation into the efficacy of hypofractionated radiotherapy for glioblastoma patients who are elderly or have diminished performance status. The topic is highly relevant, given the increasing incidence of glioblastoma in aging populations and the clinical challenge of treating patients with limited tolerance for aggressive therapy. The paper contributes to the ongoing evaluation of therapeutic approaches aimed at balancing efficacy and tolerability in vulnerable patient subgroups.

Abstract:

The abstract outlines the clinical problem, patient population, intervention, and key findings in a concise manner. It effectively communicates the aim of comparing two hypofractionated regimens and concludes that outcomes in terms of overall survival and progression-free survival were not statistically different from those of the normofractionated regimen. The conclusion that hypofractionated radiotherapy is a viable alternative for select patient groups is clearly stated. Despite a few typographical issues, the abstract retains clarity in its message.

Introduction:

The introduction provides a succinct overview of glioblastoma, including incidence, prognosis, and the

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impact of clinical variables such as age and performance status on outcomes. It appropriately sets the context for the study by focusing on the limitations of standard treatments for patients who are elderly or have poor performance status. The rationale for exploring hypofractionated radiotherapy is logically framed within this context, and the clinical relevance is well established.

Study Focus and Methodological Basis:

The manuscript is centered on evaluating the outcomes of hypofractionated radiotherapy in a clearly defined vulnerable population. The inclusion of both overall survival and progression-free survival as endpoints reflects clinically meaningful outcome measures. Although specific methodological details (e.g., patient cohort size, statistical methods) are not provided in the excerpt, the scope and intent of the study are clear. The comparison between hypofractionated and normofractionated regimens is appropriate and addresses a gap in personalized oncologic care.

Results Interpretation:

The study reports that hypofractionated regimens yield survival outcomes that are not statistically inferior to normofractionated approaches, supporting their use in vulnerable patients. This conclusion aligns with the study objective and adds weight to the therapeutic flexibility in managing glioblastoma. The findings have practical implications for tailoring treatment in geriatric oncology and palliative care settings.

Keywords:

The keywords are relevant and align well with the core themes of the manuscript, enhancing the article's accessibility in academic search platforms.

Overall Assessment:

This manuscript offers a clinically significant analysis of radiotherapy regimens for glioblastoma in a high-risk population. Its focus on hypofractionated treatment contributes to evidence-based decision-making in cases where standard therapies may be unsuitable. The topic, findings, and conclusions are consistent with current needs in neuro-oncology and geriatric cancer care.