REVIEWER'S REPORT

Manuscript No.: 55650

Title: Clinico-Radio-Pathological Profile of Lung Cancer: An Observational Study in a Tertiary Care Hospital in Tripura

Recommendation:
Accept after major revision ………………

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

Reviewer Name: Dr. Sudheer Aluru

Detailed Reviewer's Report

This is a well-structured, descriptive observational study addressing an important regional data gap on lung cancer from North-Eastern India. The sample size is reasonable, methodology is largely appropriate for the stated objectives, and the findings are broadly consistent with contemporary epidemiological trends.

However, the manuscript in its current form reads more like a comprehensive medical report than a concise research article for a journal. The manuscript requires moderate revision to improve clarity, internal consistency, methodological rigor, and scientific presentation.

Major Comments

1. The study is purely descriptive. There is no statistical analysis beyond frequencies and percentages. The manuscript misses crucial opportunities for analysis (e.g., correlation of histological subtypes with smoking status, imaging features, or demographics using chi-square tests; comparison of diagnostic yields using appropriate tests). Tables present raw data without analytical context.

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2. Discussion is Narrative, Not Interpretive. The discussion should synthesize, contrast and compare their finding with others. For example, the lower male-to-female ratio is noted but not critically discussed in the context of regional smoking patterns or environmental exposures.

3. The study period (2023-2025) is listed as 18 months but appears to span 3 years. This needs clarification.

Minor Comments

4. The results section contains a redundant/incorrectly formatted table header (lines 161-164).

5. Inclusion criteria state "patients under 40 years and exceeding 90 years were also included without age restriction," which is contradictory and confusing. Please rewrite clearly.

6. Census sampling is mentioned, but referral bias in a tertiary-care setting should be emphasized earlier (Methods, not only Limitations). Change "**Census sampling**" to "**Consecutive sampling**" or "all eligible patients were enrolled consecutively."

7. Authors highlighted staging enough in the Introduction that I expected to see it addressed later, but it never appears again. It seems so disconnected and causes a structural coherence issue.

8. Only descriptive statistics were used. Consider adding simple inferential statistics (chi-square tests) if possible. Else, mention it as limitation.

9. Keep the Abstract conclusion factual (summary of findings).

10. Move public health recommendations (tobacco cessation, screening), to the end of the main Discussion.