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REVIEWER'S REPORT

Manuscript No.: IJAR-55935

Title: Pulmonary Metastases from Renal Cell Carcinoma: Clinical Features and Therapeutic Management

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 manuscript presents a concise narrative review of pulmonary metastases in renal cell carcinoma (RCC), focusing on biological behavior, prognostic relevance, systemic therapy, and the role of local treatments. The topic is clinically relevant, timely, and of interest to oncologists, urologists, and thoracic specialists. The paper is generally well written, logically structured, and supported by key phase III trials and guideline-level references.

However, as a narrative review, the article currently remains descriptive and somewhat limited in methodological transparency, critical appraisal, and depth in emerging biology and biomarker-driven strategies. With targeted revisions, the manuscript could be strengthened to meet journal standards.

Major Comments

1. The authors state that this is a "narrative review" (p. 5), but there is no description of literature search strategy, databases used, time frame, or selection criteria. Even for narrative reviews, minimal methodological transparency is expected.
    - Add a short subsection in Methods or Limitations describing:
    - Databases searched (e.g., PubMed, Scopus); Time window (e.g., 2010–2025); Key search terms.
    - Inclusion/exclusion principles.

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2. Most sections summarize trial outcomes (e.g., immunotherapy combinations on pp. 2–4) without sufficient critical comparison between regimens or discussion of competing interpretations. Claims that lung metastases respond better than liver/bone disease are plausible but should be framed more cautiously, emphasizing that most evidence is derived from subgroup analyses.
3. Add a short comparative paragraph discussing Limitations of subgroup analyses; Potential confounding by IMDC risk distribution; Lack of lung-specific primary endpoints in trials (already touched upon on p. 4, but could be expanded).
4. The discussion on organ-specific biology (pp. 3–4) is interesting but remains speculative and superficial. Emerging data on immune infiltration, angiogenesis patterns, or spatial transcriptomics in pulmonary metastases are not addressed.
5. Expand the "Future Directions" or "Discussion" section to include: Pulmonary tumor microenvironment features; Ongoing translational efforts; Potential relevance of circulating biomarkers or radiomics.
6. Surgical metastasectomy and SBRT are supported largely by retrospective or small prospective series (Table 1, pp. 6–7). The manuscript acknowledges this limitation, but stronger emphasis is needed to avoid over-interpretation. Explicitly state that local therapy should preferably be considered in highly selected patients within multidisciplinary tumor boards.
7. Clarify that prospective randomized data in RCC lung oligometastases are lacking.
8. Revise Figure 1 to include additional decision modifiers or clearly state in the legend that it is a simplified conceptual framework.
9. Ensure that Table 1 avoids duplication (reference 13 and 15 appear redundant in the list).

Minor Comments

10. Introduction: Consider briefly highlighting how pulmonary metastases differ clinically from other metastatic sites to strengthen the rationale.
11. Use consistent phrasing for "immune checkpoint inhibitors," "dual immunotherapy," and "ICI–TKI combinations."
12. Minor typographical and spacing issues