

REVIEWER'S REPORT

Manuscript No.: IJAR-55935

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

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: PROF. DR DILLIP KUMAR MOHAPATRA

Detailed Reviewer's Report

Manuscript Title

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

1. Strengths

Timely and clinically relevant topic

The manuscript addresses pulmonary metastases in renal cell carcinoma (RCC), a highly relevant issue in the era of immunotherapy and targeted therapy.

Lung-dominant metastatic disease represents a common and clinically distinct subgroup that is often underexplored in focused reviews.

Comprehensive and well-structured narrative review

The review systematically covers biological behavior, clinical presentation, prognostic implications, systemic therapies, local treatment strategies, and future directions.

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Logical organization with clear sectioning enhances readability and clinical utility.

Up-to-date literature coverage

The manuscript includes recent landmark trials and guidelines (e.g., nivolumab–ipilimumab, pembrolizumab-based combinations, NCCN/EU guidelines up to 2024).

Appropriate citation of high-impact journals (NEJM, Annals of Oncology, European Urology).

Balanced discussion of systemic and local therapies

The integration of immunotherapy-based regimens with local treatments (metastasectomy, SBRT) in oligometastatic disease is well discussed.

Emphasis on multidisciplinary and individualized decision-making is a notable strength.

Clinical orientation

The proposed therapeutic algorithm (Figure 1) and summary table of key studies improve translational relevance for practicing clinicians.

Practical issues such as pulmonary toxicities and pseudo-progression are appropriately highlighted.

2. Weaknesses

Narrative review design without systematic methodology

The manuscript does not describe search strategies, inclusion/exclusion criteria, or databases used, which limits transparency and reproducibility.

A brief methodological description would strengthen scientific rigor.

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Limited novelty in certain sections

While comprehensive, some content (e.g., IMDC risk stratification, general immunotherapy regimens) reiterates well-established knowledge.

The review could further emphasize unique lung-specific insights to enhance originality.

Potential redundancy in references

Certain references appear duplicated (e.g., Hofmann et al. 2005 cited twice).

Reference formatting should be carefully reviewed and streamlined.

Lack of quantitative synthesis

Although understandable for a narrative review, the absence of pooled outcome data or comparative statistics limits the strength of conclusions regarding lung-specific outcomes.

Figures and tables need clearer positioning

Figure 1 and Table 1 are mentioned but could benefit from clearer legends, better integration with the text, and improved formatting for clarity.

3. Significance

This review provides a **clinically meaningful synthesis** of current evidence on pulmonary metastases from RCC, an area of high practical relevance given evolving treatment paradigms.

By highlighting lung-dominant metastatic disease as a prognostically favorable and therapeutically distinct subgroup, the manuscript adds value to existing RCC literature.

The paper may serve as a **useful reference for oncologists, urologists, thoracic surgeons, and radiation oncologists**, particularly in multidisciplinary tumor board settings.

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The discussion on integrating systemic therapy with local approaches in oligometastatic disease is especially impactful and aligns with emerging clinical practice.

4. Key Points

Pulmonary metastases are the most common metastatic manifestation of renal cell carcinoma and significantly influence prognosis and treatment strategy.

Lung-dominant metastatic RCC is associated with more favorable outcomes compared with other visceral metastatic sites.

Immunotherapy-based combinations (dual immune checkpoint blockade or ICI–TKI combinations) are now the cornerstone of first-line treatment.

Selected patients with oligometastatic pulmonary disease may benefit from local treatments such as metastasectomy or SBRT.

Multidisciplinary, individualized management remains essential, and future research should focus on lung-specific endpoints and predictive biomarkers.