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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 as it is .....YES.....

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.

**REVIEWER'S REPORT**

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.

**REVIEWER'S REPORT****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.

**REVIEWER'S REPORT**

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.