

Review of: "[Commentary] SBRT (Stereotactic Body Radiotherapy) in Recurrent Head Neck Cancer - Boon or Bane?"

Nader Allam¹

¹ University Health Network

Potential competing interests: No potential competing interests to declare.

General review:

This is a very nice, concise, and satisfactory well-supported commentary of a very pertinent topic in medical physics and oncology, the effectiveness of SBRT, focused on its effectiveness in recurrent Head & Neck cancers. The main reason preventing me from rating this as excellent is the occasional lack of logical progression for the great points presented, but overall I enjoyed this reading, thank you!

Detailed review:

The first paragraph is a solid introduction to tumour recurrence in head & neck cancers. While I recognized the long-standing medical consensus that surgical resection “remains the best possible method for cure in a recurrent HNC patient”, it is not clear to me that this is supported by ref [3] which seems to make no explicit claim of this. The last sentence “Among all, the duration from previous RT, and especially 2 years or more, remains a key deciding factor.”, may require a reference unless this is part of the hypothesis statement for this manuscript, it can also be clarified as “Among all, the time since previous RT, and especially for periods 2 years or more, [...]”.

The second paragraph presents a concise introduction to SBRT, and its effectiveness in treating H&N cancer. The sentence “The similar data came out later in MIRI consortium for RPA category II patients.”, maybe does not need “The” at the beginning, and requires a citation. “The major concerns among the radiation oncology community have been toxicity followed by appropriate case selection and expertise and training.” May also require a citation to further strengthen the claim of this ranking of concerns. “Till date, there are no head-to-head comparisons between surgical salvage and SBRT in rHNC, and surgical salvage remains preferred and effective.” may be better restated as “To date, [..], and yet surgical salvage remains the preferred superior treatment modality.” I assume the end of this paragraph is intended as the hypothesis statement(s) of this commentary.

In the third paragraph, a brief overview of the consideration towards standardizing SBRT delivery protocols for H&N cancer while reducing the risk of some of the detrimental rare side-effects, as well as some of the consideration towards case-selection is presented. I was wondering why the specific example was made of the rare carotid blowout syndrome? Maybe a more common risk can be discussed instead or as well? Also starting the sentence as “For example, Yamazaki

et.al. have analyzed the dreaded carotid blowout syndrome in rHNC treated by reirradiation, and it is multifactorial ^[12].”
would further motivate maintaining this sentence.

In the fourth paragraph, I was a bit confused as to why the focus became about “Indian consensus guidelines” when none of the earlier paragraphs indicated that healthcare in any specific nation may be a focus? A minor point, but there is some alternating between the American and British spelling of “tumour”. I feel there is maybe some contradiction at least in how this last sentence was phrased “Very recently, the American Radium Society published an appropriate usage of reirradiation executive summary, including SBRT in HNC. The committee could not reach any consensus regarding the use of SBRT”, I thought the first part mentions some consensus is being reached regarding SBRT usage?

I was unclear as to why the last paragraph mentioned “ A nationwide prospective database and the formulation of working guidelines will help in determining the most favourable cohort.” when paragraph 3 seemed to list the patient population which would potentially be best suited for SBRT (I apologize if I am misunderstanding); is it important to single out a single most favourable cohort? I recommend expanding on this last sentence a bit more.

Thank you