

# Review of: "Sarcopenia is associated with poor prognosis after chemoradiotherapy in patients with stage III non-small-cell lung cancer: a retrospective analysis"

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**Potential competing interests:** The author(s) declared that no potential competing interests exist.

The authors present an original work examining sarcopenia is associated with poor prognosis after chemoradiotherapy in patients with stage III non-small-cell lung cancer. Further discussion and analysis would be required to confirm this conclusion. Therefore, authors would clarify several matters that mentioned below.

## Major points

1. It is a retrospective and single institutional study. As you already explain the limitation of this study, the enrolled patient number is relatively small. The bias between patients with sarcopenia and without sarcopenia is exist as higher population of N2-3 stage in group of without sarcopenia. How do you explain this bias?
2. Please check the number of death in table 3. It is not properly described. Please explain the reason you did not include BMI in multivariate analysis. Table 4 is not necessary.
3. I can not agree that your result is reasonable with those of Bowden et al. Bowden et al revealed that PS  $\geq 2$  was associated with poor OS not PS1. Please explain why patient with PS 1 is significantly associated with poor prognosis. Is PS related with skeletal muscle attenuation in this study?
4. The recurrence pattern and treatment strategy for the recurrence should be added in the study. From Figure 3, the early recurrence and late recurrence gave a negative impact on over-all survival of patients with low-SMI. Disease-specific survival is also required to explain why patient with low-SMI had deteriorated long-term prognosis rather than those of patients with high-SMI.