



REVIEWER'S REPORT

Manuscript No.: IJAR-58095

Title: Lung Cancer During Pregnancy: A Case Report

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revisionYES

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality	√			
Techn. Quality		√		
Clarity			√	
Significance		√		

Reviewer Name: Dr Dillip Kumar Mohapatra

Reviewer Report

Overall Recommendation:

Major Revision

The case addresses an uncommon and clinically important condition. However, the manuscript requires substantial improvements in scientific reporting, case presentation, literature review, language quality, figure presentation, and referencing before it can be considered for publication.

Strengths

Reports a rare clinical entity (lung adenocarcinoma during pregnancy).

Highlights the diagnostic difficulties caused by overlap between cancer symptoms and physiological pregnancy symptoms.

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Demonstrates multidisciplinary management involving obstetricians, oncologists, radiologists, and pathologists.

Includes radiological and histopathological confirmation.

Provides educational value for clinicians regarding delayed diagnosis in pregnancy.

Raises awareness about the importance of investigating persistent respiratory symptoms during pregnancy.

Weaknesses

Case description lacks several important clinical details.

Limited information on maternal and neonatal outcomes.

Histopathological findings are insufficiently described.

No molecular profiling data (EGFR, ALK, ROS1, PD-L1) are reported.

Discussion is largely descriptive and lacks critical comparison with published literature.

Several grammatical and typographical errors throughout the manuscript.

Figure legends require improvement.

References are incomplete and inconsistently formatted.

Abstract does not clearly indicate the novelty of the case.

Ethical considerations and patient consent are not mentioned.

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Key Points

Positive Points

Rare case involving advanced pulmonary adenocarcinoma diagnosed late in pregnancy.

Illustrates consequences of delayed investigation of respiratory symptoms.

Supports the need for multidisciplinary management.

Concerns

Missing staging information.

Missing neonatal follow-up.

Missing molecular characterization.

Incomplete literature review.

Poor English language quality.

Significance

This case is clinically relevant because lung cancer during pregnancy is exceptionally rare and presents significant diagnostic and therapeutic challenges. The report contributes to the limited literature available on maternal lung cancer and emphasizes the importance of early evaluation of persistent respiratory symptoms during pregnancy.

However, the current manuscript does not provide sufficient clinical depth or literature analysis to maximize its scientific impact.

REVIEWER'S REPORT**Major Revision Justification (Line-by-Line Issues)**

Line(s)	Issue	Reason
10-19	Abstract lacks novelty statement	Authors should explain why this case is unique compared with previously reported cases.
11-17	Missing TNM stage	Disease stage is essential for clinical interpretation.
23-28	Incomplete patient history	Smoking status, occupational exposure, comorbidities, family history are not reported.
29-31	Imaging findings insufficient	Exact tumor size and anatomical location should be provided.
31	Pleural fluid analysis incomplete	Cytology and biochemical findings should be reported.
32-33	Histopathology description limited	Histological subtype and grading should be specified.
34-37	Treatment details incomplete	Chemotherapy regimen, dosage, and schedule are not described.
35-37	Maternal outcome absent	Follow-up information is essential.
35-37	Neonatal outcome absent	Birth weight, Apgar score, and neonatal assessment should be reported.
41-55	Figure legends inadequate	More detailed explanations are required.
61-104	Discussion mostly narrative	Critical comparison with similar published cases is needed.
67-72	Hormonal mechanisms discussed without strong evidence	Additional recent references should support these statements.
78-84	Radiation safety discussion lacks quantitative data	Actual fetal radiation exposure values should be cited.
85-90	Diagnostic strategy section insufficient	Alternative diagnostic methods and safety considerations should be expanded.
91-95	General lung cancer information is basic	More pregnancy-specific discussion is required.
96-104	Management discussion incomplete	Current guidelines and multidisciplinary recommendations should be cited.
105-112	Conclusion too general	Should emphasize lessons learned from this specific case.
115-126	References incomplete and inconsistent	Reference 4 appears truncated; formatting requires correction.

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Line(s)	Issue	Reason
Entire manuscript	Language issues	Extensive English editing is necessary.
Entire manuscript	Ethics statement missing	Patient consent and ethical approval status should be reported.

Specific Recommendations for Authors

Include complete clinical history and risk factors.

Report TNM staging.

Provide molecular marker analysis if available.

Include neonatal outcome data.

Describe chemotherapy regimen in detail.

Add follow-up information regarding maternal survival and disease progression.

Expand discussion with recent literature (last 5 years).

Improve figure quality and legends.

Add patient consent statement.

Revise English language and grammar thoroughly.

Final Decision**Major Revision**

While the manuscript presents a rare and clinically valuable case, significant revisions are necessary to improve scientific rigor, completeness of reporting, literature integration, and overall manuscript quality before publication can be considered.

Detailed Justification for Major Revision (Line-by-Line)

MANUSCRIPT TITLE: Lung Cancer During Pregnancy: A Case Report

RECOMMENDATION: MAJOR REVISION

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Line 4-8

Issue: Introduction is too brief.

Reason: The epidemiology, incidence trends, maternal-fetal implications, and current management challenges are not adequately discussed. A stronger background is needed.

Line 5-6

Issue: Claim of increasing incidence is unsupported.

Reason: Recent epidemiological references should be provided to support this statement.

Line 10-19 (Abstract)

Issue: Incomplete clinical information.

Reason: Tumor stage, molecular profile, treatment regimen, and patient outcome are not reported.

Line 11-12

Issue: Advanced maternal age not discussed.

Reason: Maternal age (44 years) is an important risk factor and should be highlighted.

Line 13-15

Issue: Radiological findings incompletely described.

Reason: Tumor dimensions, exact location, and extent of disease are missing.

Line 15

Issue: Histopathological diagnosis insufficient.

Reason: Histological subtype and grading are not provided.

Line 16-17

Issue: Treatment details lacking.

Reason: Type of chemotherapy, timing, and rationale are not mentioned.

Line 17-19

Issue: Conclusions are generic.

Reason: The abstract should emphasize the unique contribution of this case.

Line 20-21

Issue: Keywords are limited.

Reason: Additional indexing terms such as adenocarcinoma, NSCLC, maternal cancer, and thoracic oncology should be included.

Line 23-28

Issue: Incomplete patient history.

Reason: No information regarding active smoking status, occupational exposure,

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environmental risk factors, family history of malignancy, previous pulmonary disease, or comorbidities.

Line 25-26

Issue: Symptom duration is unusually long.

Reason: Symptoms persisted for eight months, but no explanation is provided regarding previous medical consultations or investigations.

Line 27-28

Issue: Clinical examination findings incomplete.

Reason: Vital signs, oxygen saturation, respiratory rate, and performance status are not reported.

Line 29-31

Issue: CT findings insufficiently detailed.

Reason: Tumor size, nodal involvement, and metastatic assessment are absent.

Line 31

Issue: Pleural fluid evaluation incomplete.

Reason: Cytology, protein levels, LDH levels, and malignant-cell assessment should be reported.

Line 32-33

Issue: Histopathological section lacks detail.

Reason: WHO classification, grade, and molecular markers (EGFR, ALK, ROS1, PD-L1) are absent.

Line 34-37

Issue: Management description incomplete.

Reason: Details regarding labor induction method, delivery outcome, chemotherapy protocol, and multidisciplinary decision-making are insufficient.

Line 35-36

Issue: Staging workup not described.

Reason: TNM staging is mandatory for oncology case reports.

Line 35-37

Issue: Maternal follow-up missing.

Reason: Clinical outcome after chemotherapy is not reported.

Line 35-37

Issue: Neonatal outcome missing.

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Reason: Birth weight, Apgar score, neonatal complications, and follow-up should be included.

Line 41-42 (Figure 1)

Issue: Figure legend is inadequate.

Reason: Radiographic findings should be described more comprehensively.

Line 47-48 (Figure 2)

Issue: Mixed-language legend.

Reason: Figure captions should be presented consistently in English.

Line 53-59 (Figure 3)

Issue: Histopathology image lacks technical details.

Reason: Magnification, staining method, and scale bar should be provided.

Line 57-59

Issue: French text included.

Reason: The manuscript language should be consistent throughout.

Line 60

Issue: Figure labeling unclear.

Reason: Labels A and B are not explained in the figure legend.

Line 62-66

Issue: Literature review is limited.

Reason: More recent studies and systematic reviews should be included.

Line 67

Issue: Typographical error.

Reason: "smoking" should begin with a capital letter.

Line 67-72

Issue: Hormonal mechanisms discussed superficially.

Reason: Additional evidence and updated references are required.

Line 73-77

Issue: Prognostic discussion is brief.

Reason: Maternal survival and fetal outcome data from literature should be summarized.

Line 78-84

Issue: Radiation safety discussion lacks quantitative data.

Reason: Specific fetal radiation dose estimates and safety thresholds should be cited.

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Line 85-90

Issue: Diagnostic pathway discussion incomplete.

Reason: The relative advantages and limitations of bronchoscopy, biopsy, CT, and MRI should be discussed.

Line 90

Issue: Pleural biopsy rationale not explained.

Reason: Authors should justify why pleural biopsy was chosen.

Line 91-95

Issue: General oncology information.

Reason: This section adds little value and should be replaced with pregnancy-specific management considerations.

Line 96-100

Issue: Chemotherapy discussion incomplete.

Reason: Safe regimens during pregnancy and trimester-specific considerations should be discussed.

Line 101-104

Issue: Management recommendations lack guideline support.

Reason: International guideline references are needed.

Line 105-112 (Conclusion)

Issue: Conclusion is generic.

Reason: It should summarize specific lessons learned from this case and provide clinical recommendations.

Line 115-126 (References)

Issue: Reference quality is suboptimal.

Reason: Most references are old (>10 years) and recent literature is absent.

Line 121-122

Issue: Reference 4 is incomplete.

Reason: Citation is truncated and cannot be verified.

Line 123-124

Issue: Reference 5 is outdated.

Reason: More contemporary evidence should be cited.

Entire Manuscript

Issue: Language and grammar require improvement.

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Reason: Multiple grammatical errors, inconsistent formatting, and awkward sentence constructions reduce readability.

Entire Manuscript

Issue: Ethical statement absent.

Reason: Patient informed consent for publication should be explicitly stated.

Entire Manuscript

Issue: CARE Case Report Guidelines not followed.

Reason: The manuscript should conform to CARE reporting standards for case reports.

Entire Manuscript

Issue: Limited scientific novelty.

Reason: Authors should clearly explain what distinguishes this case from previously reported cases of lung cancer during pregnancy.

Final Editorial Decision: MAJOR REVISION

Reason: The manuscript describes a rare and clinically significant case, but substantial deficiencies exist in case documentation, oncological staging, maternal/neonatal outcome reporting, literature review, figure presentation, referencing, ethical reporting, and language quality. These issues require major revision before the manuscript can be considered for publication.