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3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is an interesting study of the therapeutic outcomes and safety of continuous intravenous infusion of recombinant human endostatin in retreated advanced non-small cell lung cancer. In this study, the authors included patients received continuous intravenous infusion of Rh-endostatin using an infusion pump. The ORR, CBR, mPFS and incidences of adverse reactions were analyzed after treatment. The results showed that the favorable efficacy and safety of this treatment regimen were achieved in retreated advanced non-small cell lung cancer. The study is well designed and the results are very interesting. Minor comments: Please

correct the minor language polishing, editing and updating the manuscript according to the journal's guideline.

Re: Dear reviewer, thank you for your comments and suggestions, and we have made corresponding revisions of language, grammar and references according to the journal's guideline to polish up the whole manuscript to make it better understood.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Although this draft did not establish a control group, but can be compared with other multicenter studies to demonstrate its safety and efficacy.

Re: Dear reviewer, thank you for your comments and attention.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. The basic rules on abbreviations are provided here:

(1) **Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.

Re: Dear reviewer, thank you for your suggestions, and any abbreviation in the title has been corrected and fully spelt out as follows. “Continuous intravenous infusion of Recombinant human endostatin (Rh-endostatin) using an infusion pump plus chemotherapy in retreated advanced non-small cell lung cancer (NSCLC)”.

(2) **Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Re: Dear reviewer, our running title was as follows, “Rh-endostatin and chemotherapy in NSCLC”.

(3) **Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

Re: Dear reviewer, thank you for your comments, and abbreviations have been defined upon first appearance in the Abstract according to your suggestions as follows.

Abstract

BACKGROUD

Lung cancer is one of the deadliest cancers in the world with the highest incidence and mortality rate among all cancers. Non-small cell lung cancer (NSCLC) accounts for approximately 80% of primary lung cancer. However, efficacy and safety of the current regimens for NSCLC is unsatisfactory. Therefore, there has been an increasing urgency for development of potential therapeutic therapies for NSCLC.

AIM

To investigate the therapeutic outcomes and safety of continuous intravenous infusion of recombinant human endostatin (Rh-endostatin) using an infusion pump in retreated advanced NSCLC.

METHODS

Patients with retreated advanced NSCLC who were admitted to Zhejiang Provincial People's Hospital from October 2017 to April 2019 were recruited. These patients received continuous intravenous infusion of Rh-endostatin using an infusion pump. Objective response rate (ORR), clinical benefit rate (CBR), median progression-free survival (mPFS), and incidences of adverse events (AEs) were analyzed after treatment.

RESULTS

A total of 45 patients with retreated advanced NSCLC were included, and all of them were evaluated. In these patients, ORR was 22.2%, CBR was 84.4%, and mPFS was 5.3 months. The following AEs were observed: decreased hemoglobin (34 cases, 75.6%), nausea/vomiting (32 cases, 71.1%), elevated transaminase (24 cases, 53.3%), leukopenia (16 cases, 35.6%), thrombocytopenia (14 cases, 31.1%), and constipation (1 case, 3.4%). None of the patients had leukopenia, nausea/vomiting, and constipation of grade III and above.

CONCLUSION

The patients showed improved adherence to 5-day continuous intravenous infusion of Rh-endostatin using an infusion pump. Favorable efficacy and safety of this treatment

regimen were achieved in retreated advanced NSCLC.

(4) **Key Words:** Abbreviations must be defined upon first appearance in the Key Words.

Re: Dear reviewer, Abbreviations have been defined upon first appearance in the Key Words as follows.

Keywords: Non-small cell lung cancer (NSCLC); Chemotherapy; Recombinant human endostatin (Rh-endostatin); Continuous Intravenous infusion.

(5) **Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip.

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

Re: Dear reviewer, thank you for your comments and suggestions, and abbreviations have been carefully checked and defined upon first appearance in the Core Tip as follows.

Lung cancer is one of the malignancies with the highest incidence and mortality worldwide. However, the efficacy and safety of the current regimens is unsatisfactory. Therefore, the development and upgrade of potential therapies that are more effective and less toxic is warranted. This is a retrospective study to investigate the efficacy and safety of 5-day continuous intravenous infusion of Recombinant human endostatin (Rh-endostatin) in advanced NSCLC patients. Our results revealed that 5-day continuous intravenous infusion of Rh-endostatin using infusion pump improved patient adherence and showed favorable efficacy and safety, which brought significant clinical benefits to advanced NSCLC patients.

(6) **Main Text:** Abbreviations must be defined upon first appearance in the Main Text.

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

Re: Dear reviewer, your comments and suggestions were highly appreciated, and we have made corresponding revisions in our revised manuscript as follows. For

one thing, abbreviations have been carefully checked and defined upon first appearance throughout the main text. For another, corresponding revisions of both English grammar and language mistakes have been made accordingly to polish up the whole manuscript to make it better understood.

(7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

Re: Dear reviewer, we have taken your suggestion into consideration, and abbreviations have been defined upon first appearance in the Article Highlights as follows.

ARTICLE HIGHLIGHTS

Research background

To date, current available treatment options for non-small cell lung cancer (NSCLC) are associated with significant limitations in safety and efficacy. Therefore, development and achievement of potential therapeutic therapies for NSCLC is necessary.

Research motivation

This study mainly evaluated the efficacy and safety of continuous intravenous infusion of recombinant human endostatin (Rh-endostatin) using an infusion pump in patients with retreated advanced NSCLC.

Research objectives

This study aimed to investigate the efficacy and safety of continuous intravenous infusion of Rh-endostatin in retreated advanced NSCLC patients.

Research methods

Forty-five patients from Zhejiang Provincial People's Hospital received continuous intravenous infusion of Rh-endostatin using an infusion pump. Objective response rate

(ORR), clinical benefit rate (CBR), median progression-free survival (mPFS), and adverse events (AEs) were analyzed after treatment.

Research results

In these 45 patients, ORR was 22.2%, CBR was 84.4%, and mPFS was 5.3 months. The following AEs were observed as follows, decreased hemoglobin (34 cases, 75.6%), nausea/vomiting (32 cases, 71.1%), elevated transaminase (24 cases, 53.3%), leukopenia (16 cases, 35.6%), thrombocytopenia (14 cases, 31.1%), and constipation (1 case, 3.4%). None of the patients had leukopenia, nausea/vomiting, and constipation of grade III and above.

Research conclusions

5-day continuous intravenous infusion of Rh-endostain using an infusion pump improved patient adherence, and brought about favorable efficacy and safety in retreated advanced NSCLC.

Research perspectives

5-day continuous intravenous infusion of Rh-endostain using an infusion pump plus chemotherapy may be an effective management strategy in NSCLC patients.

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

Re: Dear reviewer, Abbreviations have been defined in the Figure 1 title as follows. Figure 1 Progression-free survival (PFS) of non-small cell lung cancer (NSCLC) patients.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Re: Dear reviewer, Abbreviations have been defined in the Table title as follows.

Table 1 General information on 45 patients with advanced non-small cell lung cancer (NSCLC);

Table 2 Relationships between clinicopathological features and short-term efficacy;

Table 3 Incidences of adverse events (AEs).

6 EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor:

In this interesting study, the authors investigated the therapeutic outcomes and safety of continuous intravenous infusion of recombinant human endostatin in retreated advanced non-small cell lung cancer. The study is overall well designed and the results are very interesting. Please take attention about the references and some minor spelling mistakes.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Re: Dear editor, thank you for your comments and suggestions, and we have made corresponding revisions of mistakes of references and minor spelling mistakes in our revised manuscript.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author (s) for its revision according to the Peer-Review Report, Editorial Office’s comments and the Criteria for Manuscript Revision by Authors.

Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Re: Dear editor, thank you for your suggestion, and original figure document of figure 1 has been prepared and arranged using PowerPoint to make it better reprocessed.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

Step 1: Author Information

Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal.

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Step 3: Abstract, Main Text, and Acknowledgements

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(4) Common issues in revised manuscript. Please click and download the [List of common issues in revised manuscripts by authors and comments](#) (PDF), and revise the manuscript accordingly.

Step 4: References

Please revise the references according to the [Format for References Guidelines](#), and be sure to edit the reference using the reference auto-analyser.

Reminder: It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly.

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