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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 83231

Title: Acute respiratory distress syndrome and severe pneumonitis after atezolizumab plus bevacizumab for hepatocellular carcinoma treatment: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06271725
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Assistant Professor, Doctor
Reviewer's Country/Territory: France
Author's Country/Territory: South Korea

Manuscript submission date: 2023-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-13 09:23

Reviewer performed review: 2023-01-16 10:22

Review time: 3 Days

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Chi et al reported a novel case of severe pneumonitis following aterzolizumab-bevacizumab association. The manuscript is well written and documented. I have some minor comments: - It is not clear why a grant was required/used for this case report. - This is not the first reported case of early and severe pneumonitis associated with aterzolizumab-bevacizumab as Endo et al. recently reported 2 fatal cases of pneumonia following Atezolizumab plus Bevacizumab, from which 1 occurred 5 days after the first infusion (Endo et al., Liver Cancer. 2022 Aug 16;11(6):572-575. doi: 10.1159/000526388. eCollection 2022 Dec.). Thus, authors should add and discuss this recent paper in the discussion part. - Please indicate if the solid nodule in the right middle lobe was hypermetabolic or not in FDG-PET CT - Please indicate received dose of bevacizumab in mg/kg (15 mg/kg?) - I am surprised concerning the very short interval from atezolizumab/bevacizumab infusion and pneumonia (3 days) as well as from admission to death (31h). In the literature, interval delay to anti-PDL1 associated pneumonitis rather ranged from 4-8 weeks after ICI infusion (Martins, F.; Sofiya, L.; Sykiotis, G.P.; Lamine, F.; Maillard, M.; Fraga, M.;

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Shabafrouz, K.; Ribi, C.; Cairoli, A.; Guex-Crosier, Y.; et al. Adverse effects of immune-checkpoint inhibitors: Epidemiology, management and surveillance. Nat. Rev. Clin. Oncol. 2019, 16, 563–580) --> How authors could explain this point? They should more discuss this point and the fact that patient had no risk factors for severe ICI-associated pneumonitis (previous ILD especially, Cf Atchley and al., Immune checkpoint inhibitor-related pneu- monitis in lung cancer: real-world incidence, risk factors, and management practices across six Health Care Centers in North Carolina. Chest. 2021;160(2):731–42.). --> Was a screening for infectious pneumonia performed? If yes, please provide the restrospective results to be sure that infectious pneumopathy was not a confounding factor for ARDS in this patient

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Peer-review model: Single blind

Reviewer's code: 06395390
Position: Peer Reviewer
Academic degree: MA

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: South Korea

Manuscript submission date: 2023-01-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-14 04:19

Reviewer performed review: 2023-01-19 08:10

Review time: 5 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No creativity or innovation

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Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. Whether to introduce the clinical trials of immunotherapy for advanced liver cancer more comprehensively in the INTRODUCTION section of this article. 2. In the introduction of the disease, it is recommended to add whether there are inflammatory changes in the pulmonary CT before treatment. At the same time, whether the inclusion criteria had lung function requirements and whether the patient had lung function examination before treatment. 3. It is suggested to compare the inflammatory changes of chest CT on the same level before and after treatment in the part of the chart. 4. This case report is an elderly patient with many underlying diseases, with limited research significance and lack of post-treatment pulmonary pathological examination and related laboratory examination. 5. Atezolizumab is a commonly used drug in clinic, belonging to immune checkpoint inhibitors (ICIs). According to the instructions of the drug, whether single drug or combined with other anti-tumor drugs, the common adverse reactions in the lung include cough (20.8%), dyspnea (20.5%), and immune-associated pneumonia (frequency >1/100), so the innovation of this case report needs to be improved.