

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 75312

**Title:** Review EGFR-TKIs administration to non-small-cell lung cancer patients undergoing hemodialysis

**Provenance and peer review:** Unsolicited manuscript; externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05524527

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Taiwan

**Manuscript submission date:** 2022-01-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-02-09 02:55

**Reviewer performed review:** 2022-02-09 07:07

**Review time:** 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No
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#### **SPECIFIC COMMENTS TO AUTHORS**

The authors reviewed all previous case reports about EGFR-Tkis in NSCLC patients Undergoing HD . It was mentioned that since the main metabolic pathway of EGFR-Tkis is through the liver, and the plasma protein binding rate of EGFR-Tkis is very high, there is no need to adjust the dose after HD. Therefore, EGFR-Tkis are effective and well tolerated in HD patients.It provides a good direction for the selection of clinical medication, and I suggest that this article can be accepted.However, I am not an expert in pharmacokinetics, please refer to the opinions of other experts for relevant content.Thank you for inviting!

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**Reviewer's code:** 02818262

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** France

**Author's Country/Territory:** Taiwan

**Manuscript submission date:** 2022-01-23

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-03-06 21:13

**Reviewer performed review:** 2022-03-06 21:50

**Review time:** 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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**Peer-reviewer  
statements**

Peer-Review: [ ☒ ] Anonymous [ ☐ ] Onymous

Conflicts-of-Interest: [ ☐ ] Yes [ ☒ ] No

#### **SPECIFIC COMMENTS TO AUTHORS**

This well written and extensive narrative review of case reports on hemodialysis patients with metastatic lung cancer in most treated by the different oral Epidermal Growth Factor receptor (EGFR)-Tyrosine Kinase inhibitors (TKIs) is of high interest owing to the lack of clinical trial of EGFR-TKIs in end-stage kidney disease (ESKD). It shows in details the efficiency of these molecules together with their good tolerance in ESKD. This review is in the scope of the Journal and of high scientific interest owing to the usual contraindication of classical chemotherapy in dialysis setting. Two specific comments: in the introduction paragraph, I would add that cancer frequency "in general" (not only lung cancer) is highly increased in dialysis patients. Concerning Cisplatin, I would also add that there is an important risk of bone marrow aplasia in ESKD.