

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 70587

Title: Arteriovenous thrombotic events in a patient with advanced lung cancer following bevacizumab plus chemotherapy: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02636483

Position: Peer Reviewer

Academic degree: FCPS, FRCP, MBBS, MD, MSc

Professional title: Professor

Reviewer's Country/Territory: Pakistan

Author's Country/Territory: China

Manuscript submission date: 2021-08-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-05 06:47

Reviewer performed review: 2021-09-05 11:21

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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input checked="" 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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Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

This is a good case report and will be a good addition to safety profile of bevacizumab. It is a well written manuscript and you have narrated the clinical history and findings in a comprehensive way. Case is discussed w=very well with good support of references.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

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Reviewer's code: 00112071

Position: Editorial Board

Academic degree: FRACP, MBBS, MD

Professional title: Full Professor

Reviewer's Country/Territory: Australia

Author's Country/Territory: China

Manuscript submission date: 2021-08-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-05 03:08

Reviewer performed review: 2021-09-12 01:45

Review time: 6 Days and 22 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

An interesting case of cerebral occlusion and pulmonary embolism in a patient with metastatic non small cell lung cancer on maintenance pemetrexed and bevacizumab. Raises issues of acute management, risk assessment prior to therapy with respect to prophylactic anticoagulation. Tracked comments and corrections to improve language and structure of manuscript in attached document. 1. Bevacizumab is not a TKI (tyrosine kinase inhibitor). It is a monoclonal antibody targeting VEGF. 2. Assessment of response: PR,SD and CR and PD are the terms used for objective radiological assessment. Was this measured by RECIST 1.1 criteria? 3.Was diagnosis made on endobronchial ultrasound (EBUS) guided biopsy? 4. Intent of treatment after relapse should be made clear. Patient had developed distant disease and what not curable so the systemic therapy was palliative intent. 5. Non infectious endocarditis is mentioned- the condition is marantic endocarditis which should be stated. Were any cardiac investigations performed such as an ECG or echocardiogram. Are there features on the MRI imaging and CT angiogram that can distinguish between marantic cerebral emboli and vascular. This should form part of discussion. 6.A pleural effusion was drained. Had this increased during maintenance therapy indicating that the patient had disease progression at the time of these thromboembolic events? 7.The authors raise the issue of prophylactic anticoagulation in patients with advanced lung cancer. Some further discussion on this would be useful especially around the available possible models for this and their applicability to lung cancer. See: <https://pubmed.ncbi.nlm.nih.gov/34205695/>