

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 71102

Title: Immune Checkpoint Inhibitors in Head & Neck Squamous Cell Carcinoma - A Systematic Review of Phase 3 Clinical Trials

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05130847

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: China

Author's Country/Territory: India

Manuscript submission date: 2021-08-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-01 03:31

Reviewer performed review: 2021-09-12 03:15

Review time: 10 Days and 23 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 Grade E: Do not publish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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	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

This study systematic reviewed the role of ICI in recurrent/metastatic HNSCC incorporating the published phase 3 clinical trials. The results showed that anti-PD-1 agents provide marginal survival benefits in R/M HNSCC in the first and second-line setting, with acceptable toxicity profile; while the anti-PD-L1 agent durvalumab with or without the anti-CTLA-4 agent tremelimumab did not result in any beneficial outcomes. The analysis results may have some guiding significance for clinical diagnosis and treatment.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05348323

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United States

Author's Country/Territory: India

Manuscript submission date: 2021-08-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-04 01:32

Reviewer performed review: 2021-10-05 19:58

Review time: 1 Day and 18 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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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	Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No

SPECIFIC COMMENTS TO AUTHORS

Overall great review of current literature. As this is intended to be a comprehensive systematic review details of comparison arm or standard of care should be detailed. (eg. Keynote 040 should include Pembrolizumab vs methotrexate, docetaxel or cetuximab) to make it easier for readers to understand and evaluate comparative and survival outcomes. Under patient reported outcomes details or GHS/QOL score should be explicitly reported as they are not formally standardized. They should mention the degrees of decline and statistical significance of declines. Listing details of the studies as Outcomes (OS,PFS, ORR, biomarker effects and adverse events) makes the reported data fragmented and not easily followed. I would suggest reporting the same outcomes but grouping them by trial (eg. Reporting OS,PFS, ORR, biomarker effects and adverse events for Keynote 040, then OS,PFS, ORR, biomarker effects and adverse events for checkmate 141 ect.) In the discussion section the back and forth between first line and second line trial makes the discussion segment very fragment and hard to follow. I would recommend either doing it chronologically or better yet as first line, second line settings.