



## PEER-REVIEW REPORT

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

**Manuscript NO:** 71764

**Title:** A case of pembrolizumab-induced Stevens-Johnson syndrome in advanced squamous cell carcinoma of the lung

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

**Peer-review model:** Single blind

**Reviewer's code:** 05449007

**Position:** Peer Reviewer

**Academic degree:** MBBS, MD

**Professional title:** Academic Fellow, Doctor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-18 17:04

**Reviewer performed review:** 2021-10-18 17:14

**Review time:** 1 Hour

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 Grade E: Do not publish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



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<b>Peer-reviewer statements</b>	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**

The authors describe a case of Steven-Johnson Syndrome as a complication of immune-checkpoint inhibitor (Pembrolizumab) in squamous cell carcinoma patient. While the case is interesting, below are my recommendations on reviewing this manuscript: 1. The grammar needs significant editing as there are several deficiencies in writing format. It needs to also be written in scientific format rather than casual. 2. While an expert consultation with Dermatology had yielded a clinical diagnosis of SJS, it is entirely unclear what led them to the diagnosis. Was there mucosal involvement? Was there a skin biopsy? It is unclear as simply severe skin rash as an adverse effect of Pembrolizumab is a known and common complication and it is important to highlight how you distinguished between the two in this case.



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**Peer-review model:** Single blind

**Reviewer's code:** 03887097

**Position:** Editorial Board

**Academic degree:** MBBS, MSc

**Professional title:** Doctor

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

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

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-24 04:11

**Reviewer performed review:** 2021-10-24 10:19

**Review time:** 6 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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 case report is relatively straightforward, however, there is a paucity of takeaways from this single case report. Specific comments: 1. Please avoid "... and so on" in scientific writing. 2. Does the patient have any known drug allergies? Taking any traditional Chinese medicines or herbal supplements? 3. What about documented Nikolsky's sign or Koebner phenomenon? 4. What was the SCORTEN scoring for this patient? 5. Please provide the relevant biochemical results (and reference ranges) in a table format. 6. Apart from corticosteroids, there is actually good (and perhaps better) emerging evidence to support the use of cyclosporine in SJS/TEN (citation: [ncbi.nlm.nih.gov/pmc/articles/PMC5880515](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC5880515)). The results of these studies suggest that the administration of cyclosporine 3 to 5 mg/kg per day as early as possible in SJS/TEN may be beneficial. This should be at least briefly mentioned. 7. Please rephrase "Through our medical records and relevant treatment schemes, we can provide a little treatment basis for clinical treatment." 8. Please suggest some concrete recommendations and areas for future research.



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**Reviewer’s code:** 05820375

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Consultant Physician-Scientist, Research Associate

**Reviewer’s Country/Territory:** United Kingdom

**Author’s Country/Territory:** China

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-29 15:55

**Reviewer performed review:** 2021-11-01 12:12

**Review time:** 2 Days and 20 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>Peer-reviewer statements</b>	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**

Jingyi Wu and colleagues have reported an interesting case report on SJS after just one administration of pembrolizumab in a patient with NCLC. There are already several case reports on SJS/TEN after treatment with immune checkpoint inhibitors, but this case is still interesting as the adverse event already appeared after one administration, and because it is a rare but serious complication that needs to be highlighted. I have few comments: Intro: - Pembrolizumab is anti-PD-1 (programmed cell death protein 1) and not anti-PD-L1 - Line 12: I would say anti-PD-1/anti-PD-L1 - Line 13: you mention 5 case reports but refer to 8 reports? There are more case reports than the one you mention, so I'd rather say several case reports. You can also refer to a recent systematic review (Maloney et al, doi:10.1111/ijd.14811). Case: - Staging: please mention which TNM was used, 8th edition? I guess it is M1b and stage IVA? based on solitary extrathoracic metastasis? - p.5 line 19: I believe liver metastasis? as it was a solitary metastasis? - Physical examination: it would be interesting if the authors can mention if the patient had any mucous lesions? - p.6 line 23: the authors mention 3-month treatment? I thought the patient only received one cycle of chemo-immunotherapy? Or was it the 3-month evaluation? Discussion: - Improved survival in case of irAEs has also already been described in lung cancer patients, so I would refer to those reports instead of renal cancer/melanoma. (e.g., Shankar et al, doi:10.1001/jamaoncol.2020.5012) Unfortunately, there are many vocabulary and grammar errors: Abstract: - Line 1: abstract instead of abtrast - Line 3: have instead of has - Line 5: remove while - Line 10: a 68-year-old female - Line 11: remove syndrome - Line 13 it is unclear what the authors want to say? Prednisone, symptomatic, anti-infectious, gamma globulin, and antipruritic



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therapy? - Line 14: remove and so on; did the skin toxicity reduce or disappear? Maybe the authors meant reduced and eventually disappeared? - Line 16: patient instead of patients Intro: - Line 7: and included especially cutaneous side-effects Case: - Line 3: she instead of he - Line 7: clearly instead of obviously (also on p.6 line 3) - One cycle instead of cycles (p.5 line 5 and 7) - p.5 line 12: or other instead of and so on, line 22: which were instead of with - Itchiness instead of itching (p.6 line 6, figure 10 and 11) - p.6 line 16: remove without further delay - p.6 line 19: remove symptoms of Conclusion: - line 2: remove be (to overcome) Please note the correct use of abbreviations: Abstract: once abbreviated, there is no need to abbreviate again (abstract line 4 ICI) or use the full word again (abstract line 9); intro: mention SJS as abbreviation (line 8); case: p.4 line 5 chest computed tomography (CT), line 6 magnetic resonance imaging, line 8 CT, p.6 line 12 remove Stevens-Johnson syndrome; discussion: non-small cell lung cancer (NSCLC), p.7 line 7 remove Stevens-Johnson syndrome, p.7 line 18 toxic epidermal necrolysis instead of TEN, p.8 line 3 overall survival, p.8 line 4 irAEs, line 18 tumor necrosis factor instead of TNF.



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Position:** Peer Reviewer

**Academic degree:** MBBS, MD

**Professional title:** Academic Fellow, Doctor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2021-10-10

**Reviewer chosen by:** Ji-Hong Liu

**Reviewer accepted review:** 2021-12-29 21:42

**Reviewer performed review:** 2021-12-29 21:45

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

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

Response to my review seems appropriate and corrections have been made