

January 30, 2021

To,  
Lian-Sheng Ma,  
Science Editor,  
Company Editor-in-Chief, Editorial Office  
*World Journal of Clinical Oncology*

Dear Dr Lian-Sheng Ma:  
Re: Manuscript reference No.61561

Please find attached a revised version of our manuscript “Lenvatinib-induced multi-organ adverse events in Hurthle cell thyroid cancer: A case report and review of literature.”

Your comments and those of the reviewers were highly insightful and have enabled us to greatly improve the quality of our manuscript. In the following sections, we have given our point-by-point responses to each of the comments of the reviewers as well as addressed your comments.

I look forward to hearing from you at your convenience.

Kind Regards,

Dr. Muhammad Imran Butt

Scientific quality

**Reviewer comments:**

Muhammad IB et al. report a case with Hurthle cell thyroid cancer who experienced severe adverse effects including cardiomyopathy, bi-cytopenia, renal impairment, and rarely reported nephrotic syndrome underwent Lenvatinib treatment. This case serves a reminder of the adverse drug reactions associated with the use of TKIs. The theme is distinct and content is clear, and will be useful as a guide to clinical therapy. However, the authors has not fully described scientific rationale for choosing Lenvatinib.

**Response:** We have revised the manuscript to highlight the scientific rationale for choosing Lenvatinib on Page 7 in the case presentation section.

“She was prescribed sorafenib 400 mg twice a day in March 2018 and she tolerated it well with a transient mouth ulcer. The dose was briefly reduced to 200 mg twice a day until the ulcer subsided. Surveillance radiological imaging at 3 and 6 months showed disease stability without a reduction in TG levels. At 12 months, PET showed progression in the number and size of pulmonary metastases (Figure 4). In Aug 2019, we discontinued sorafenib because of disease progression and initiated lenvatinib 24 mg daily, which has been shown to improve progression-free survival even in patients who have previously progressed with another TKI<sup>[6]</sup>. She tolerated the medication well with occasional diarrhea.”

**Language quality:** A native English speaker has reviewed the manuscript and has ensured to check the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs. The certificate of editing is attached.

**Editorial office comments:**

**Science editor**

Issues raised:

1. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor

**Response:** Please find attached the original figures with reproducible text portions

2. The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP”

sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

**Response:**

We have revised the manuscript according to the guidelines for manuscript preparation and have added the final diagnosis, treatment, and outcome and follow-up subsections in the case presentation section.

**Company editor in chief**

1. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Response:** We have revised the manuscript as per the Peer-review Report, comments from the editorial office, and the Criteria for Manuscript Revision by Authors.

Point 7: Copyright licence agreement attached

Point 8: Conflict of interest form are attached for all authors