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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
ESPS manuscript NO: 11079
Title: Erlotinib usage after prior treatment with gefitinib in advanced NSCLC: a clinical perspective and review of published literature
Reviewer code: 00607648
Science editor: Fang-Fang Ji
Date sent for review: 2014-05-04 10:51
Date reviewed: 2014-05-09 22:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[Y] Minor revision
		[ ] No records	[ ] Major revision

COMMENTS TO AUTHORS

1. Reference 1 attempted erlotinib because of industry emphasis on the 2 TKIs not being the same. This putative difference may account for some of the later responses to E. 2. It appears that, the longer the interval between ceasing a TKI and restarting the same or other TKI, the better. If such data are available, it could be of interest to see if a longer interval was associated with a greater likelihood of a secondary response to either TKI. 3. References are needed for the the contradictory factor of EGFR as related to TKI response. 4. It should be noted that some recommend continued administration of TKI past DP because of possible "flare" upon its cessation. This would decrease the number of cases suitable for TKI readministration. 5. It is of notable that E changing to G has not been attempted to my knowledge. 6. When giving references it is best not to use first authors, just reference numbers because the use of names can be distracting.

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Oncology
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Science editor: Fang-Fang Ji
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	[Y] Rejection
[Y] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Minor revision
[ ] Grade E: Poor		[ ] Existing	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

The authors revise the data available on the administration of erlotinib following gefitinib in NSCLC. This issue is now of very little clinical relevance and interest because research is focusing on novel EGFR-TKI that selectively block T790M mutant tumors. Some data with T790M inhibitors are available. Furthermore, this type of review has already been carried out previously.Most of oncologists would use EGFR-TKI beyond PD at progression on gefitinib or switch to chemo or clinical trial. With regard to switch to chemo, this work does not discuss the importance of intervening chemotherapy in determining response to E after G (repopulation of sensitive cells)