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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 70204

Title: Combined targeted therapy and immunotherapy in anaplastic thyroid carcinoma

with distant metastasis: A case report

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05223758 Position: Peer Reviewer Academic degree: MD

Professional title: Attending Doctor

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2021-07-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-24 21:32

Reviewer performed review: 2021-08-26 19:28

Review time: 1 Day and 21 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

The This is an interesting case report about a less common thyroid malignancy. authors provide sufficient information about the clinical case. They have described in detail the patient's process, as well as the reasons why oncospecific treatments were suspended or maintained. Also, authors presented a good review of the current data of the topic. I consider it a great example of the alternatives offered by the combination of two treatments with different mechanisms of action such as immunotherapy and targeted therapy. I would like to ask a few questions and suggestions: - Did you consider the possibility of Radiosurgery of the cerebellar mass? And if not, why? - It seems contradictory that you named several immune related adverse events suffered by the patient, but you decided to discontinuate Cabozantinib. I imagine that it is due to VEGFR-TKI toxicity. I recommend that you name and grade them. - To my knowledge, there is not an standard-of-care approval for combined immunotherapy and TKI in thyroid carcinoma. Why did you selected Cabozantinib and Nivolumab and not other TKI or PD-1 / PD-L1 inhibitor? Maybe there is an early trial in your region, it may be interesting to cite it. - As a suggestion, it could be helpful a graphic including all treatments received with data of start and finish, as the PFS of each therapy