

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 80891

Title: Pembrolizumab-induced psoriatic arthritis treated with disease-modifying anti-rheumatic drugs in a patient with gastric cancer: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06360634

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Staff Physician

Reviewer's Country/Territory: Bulgaria

Author's Country/Territory: South Korea

Manuscript submission date: 2022-10-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-22 12:18

Reviewer performed review: 2022-10-23 20:15

Review time: 1 Day and 7 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 Grade E: Do not publish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



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Peer-reviewer statements	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

Thanks to the authors for this rare case of rheumatic irAEs after ICIs treatment. Your experience can be very beneficial to other specialists. I have two comments- 1. Try to avoid repetitions. 2. Maybe give examples of other rheumatic irAE in order to be more clear for the reader that the irAE is not deterioration of pre-existing disease

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03724988

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: South Korea

Manuscript submission date: 2022-10-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-27 19:38

Reviewer performed review: 2022-11-01 21:01

Review time: 5 Days and 1 Hour

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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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SPECIFIC COMMENTS TO AUTHORS

Immune oncology (IO) drugs are getting more and more prescribed in different oncology settings. Despite their undoubted efficacy, they can also lead to immune related adverse events (irAEs) which can be tricky to recognize and treat. This case report deals with one of such events. The topic is of interest. The Authors reported the case in a comprehensive manner, reporting all of the main information both regarding cancer and immune-related PsA. The IO treatment had been prescribed according to a logical and recognized sequential strategy. The management of the PsA was also performed in a reasonable manner, even if the starting dose of steroid was a little higher than expected (it is usually reserved to life-threatening cases, while in other situations a 0.5 mg/Kg/day could have been considered). The follow-up of the patient has been reported as well. The discussion deals with the key aspects, report the most relevant papers in literature, and put the reported case in the appropriate context. The conclusions are sound and supported by this case and previous literature. I have only minor suggestions: 1) The timing of the different treatments prescribed for the PsA is difficult to follow. The evolutive changes of inflammatory indexes suffer the same limitations. I would like to suggest to include a Figure reporting CRP (or ESR) on the y-axis and time on the x-axis (expressed as days from the first prescription of steroids). The duration of the different treatments can be reported as horizontal bars at the bottom of figure (similarly to a GANTT chart). 2) The Disease Activity index for Psoriatic Arthritis (DAPSA) score at various timepoints (especially at the start of a new line of immune-modulating treatment) should be reported. 3) Did the Author wait for disease progression before starting a fourth-line palliative systemic treatment? If so, did

progressive disease occur immediately after immune-suppression? IO drugs can lead to sustained responses even after a permanent interruption. It would be useful to report the progression-free survival and the duration of disease control under IO.