

## PEER-REVIEW REPORT

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

**Manuscript NO:** 82037

**Title:** Immune checkpoint inhibitor therapy-induced autoimmune polyendocrine syndrome type II and Crohn's disease: A case report

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 04091933

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Senior Researcher

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

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

**Manuscript submission date:** 2022-12-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-12-11 09:37

**Reviewer performed review:** 2022-12-24 19:15

**Review time:** 13 Days and 9 Hours

Scientific quality	<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 Grade E: Do not publish
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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="radio"/> ] Anonymous [ <input type="radio"/> ] Onymous
	Conflicts-of-Interest: [ <input type="radio"/> ] Yes [ <input checked="" type="radio"/> ] No

## **SPECIFIC COMMENTS TO AUTHORS**

This is a good clinical case, which is of great interest due to the worldwide growth in the use of ICTs. Immune-related adverse events are not uncommon for this class of drugs, but they can vary greatly, especially in multisystem damage. The case described by the authors is clinically interesting because in addition to the symptoms of autoimmune polyendocrine syndrome type II (APS-2), including DM1 and thyrotoxicosis, a patient with squamous cell carcinoma of the oropharynx treated with a new PDL1 inhibitor (teriprisumab) manifested an intestinal disorder. The intestinal disorder was classified as Crohn's disease, which makes the case unique. The frequency of such side effects will, unfortunately, increase due to the increased use of immune therapy. Physicians should be focused on early detection and appropriate therapy in such patients, always suspecting the possibility of developing multisystem damage. Illustrative material is sufficient. References are up-to-date, without self-citation. There are no fundamental remarks. The case deserves publication in WJCC.

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**Reviewer's code:** 00503883

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Medical Assistant

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

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

**Manuscript submission date:** 2022-12-04

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-01-30 20:43

**Reviewer performed review:** 2023-02-06 20:51

**Review time:** 7 Days

Scientific quality	<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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<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 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 type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Positive fecal occult blood test is not a synonym of bowel inflammation. Fecal calprotectin could be a more specific and sensitive marker of bowel inflammation and were not described at the article. Mesalamine is not amenable for treatment of stricturing Crohn's disease. Mesalamine is of limited benefit in preventing postoperative Crohn's disease, but in addition to no treatment is an option for patients with an isolated ileal resection and no risk factors for recurrence according to ACG Clinical Guideline: Management of Crohn's Disease in Adults, 2018. Even considering mesalamine as an alternative the dosage should be much higher (> 3 d/day). The best choice in this setting is the use of immunosuppressants, antibiotics and biological agents depending of clinical risk factors of recurrence (> 2 prior surgeries, penetrating disease, active smoker, < 30 years old, positive margins, residual gross disease) and 6–12 months postsurgical colonoscopy. The histopathologic study of resected specimen was suggestive but not definitive of Crohn's disease, since transmural inflammation and granulomas were not described. The length of resected segment was neither described. The English language polishing was a minor concern with some orthographical and grammatical errors.