

## PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 67500

Title: Non-small-cell lung cancer with epidermal growth factor receptor L861Q-L833F

benefits from both afatinib and osimertinib: A case report

Reviewer's code: 05622594

**Position:** Peer Reviewer

Academic degree: MD

**Professional title: Doctor** 

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-10 07:39

Reviewer performed review: 2021-05-10 10:22

Review time: 2 Hours

| Scientific quality          | [ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good<br>[ Y] Grade D: Fair [ ] Grade E: Do not publish  |
|-----------------------------|--|
| Language quality            | <ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul> |
| Conclusion                  | <ul> <li>[ ] Accept (High priority)</li> <li>[ ] Accept (General priority)</li> <li>[ Y] Minor revision</li> <li>[ ] Major revision</li> <li>[ ] Rejection</li> </ul>      |
| Re-review                   | [ ]Yes [Y]No   |
| Peer-reviewer<br>statements | Peer-Review: [Y] Anonymous [] Onymous<br>Conflicts-of-Interest: [] Yes [Y] No  |



## SPECIFIC COMMENTS TO AUTHORS

Zhang and colleagues report a case report of a stage IV NSCLC patient harboring EGFR L861Q-L833F compound mutations benefits from both afatinib and osimertinib. I have few comments. - The authors use the phrase "our study" in the conclusion section and the core tip section, but this is only a case report. Please revise the description. - The authors reported that they detected the compound mutation by NGS, but please provide more details about the NGS method. - In the discussion section, the authors only mention the effect of osimertinib on compound mutation. However, there is a report that afatinib is more effective in the treatment of compound mutation (Kohsaka, et al. Sci Transl Med 2017), and in this case, afatinib actually had a better long-term response than osimertinib. Please add a discussion on the effect of afatinib on compound mutation.



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Title: Non-small-cell lung cancer with epidermal growth factor receptor L861Q-L833F

benefits from both afatinib and osimertinib: A case report

Reviewer's code: 05908908

**Position:** Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Senior Lecturer, Surgeon

Reviewer's Country/Territory: Indonesia

Author's Country/Territory: China

Manuscript submission date: 2021-05-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-12 01:51

Reviewer performed review: 2021-05-12 04:59

**Review time:** 3 Hours

| Scientific quality          | [ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good<br>[ ] Grade D: Fair [ ] Grade E: Do not publish   |
|-----------------------------|--|
| Language quality            | <ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul> |
| Conclusion                  | <ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>                                  |
| Re-review                   | [Y]Yes []No  |
| Peer-reviewer<br>statements | Peer-Review: [Y] Anonymous [] Onymous<br>Conflicts-of-Interest: [] Yes [Y] No  |



## SPECIFIC COMMENTS TO AUTHORS

1. This article is an original article describing a very rare case of NSCLC with multiple genetic mutations. Abstracts, introductions, case presentations, and discussions are very well discussed. 2. Please explain the biopsy technique that was first performed on line 73 of the statement 3. Please clarify that the word "Brian" on line 74 is correct or incorrect 4. Please clarify the statements on lines 74-75 regarding metastases in the brain, is it one lesion or many lesions? This contrasts with the explanation in Figure 2 which only shows 1 metastatic lesion 5. Please attach the Response Evaluation Criteria in Solid Tumors 1.1 form and explain how to determine "Partial Respone" in this patient. 6. Please explain in the discussion section why the NGS examination can reveal complex genetic mutations compared to the PCR examination. Is there any suggestion to the reader when the NGS examination should be used to improve patient outcomes?