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Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road, Wan Chai, Hong Kong, China

### ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Oncology

**ESPS Manuscript NO:** 8645

**Title:** Targeted Immunotherapy for Non-Small Cell Lung Cancer

**Reviewer code:** 02728956

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-12-31 21:47

**Date reviewed:** 2014-01-13 01:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

The present review describes immunotherapy for NSCLC. It is generally well written but too much text. Would recommend authors add one or two more diagrams to make it interesting. Also recommend adding figure legend. Also, What is the time frame for review/research articles included in the search for the current article.



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### ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Oncology

**ESPS Manuscript NO:** 8645

**Title:** Targeted Immunotherapy for Non-Small Cell Lung Cancer

**Reviewer code:** 02411838

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-12-31 21:47

**Date reviewed:** 2014-01-16 07:29

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This review is interesting and well-written. It will provide some clinical importance to the readers. However, there are a few points to be re-written. (1) Please explain more precisely the term "immune related PFS" (in the section of CTLA-4 inhibitors) and "landmark OS" (in the section of PD-1 pathway inhibitor). (2) "IV cyclophosphamide" (in the section of L-BLP25 vaccine) and Nivolumab was administrated "IV" every..... (in the section of PD-1 pathway inhibitor): "IV" may be not "4" but "intravenous infusion". Please re-written.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Clinical Oncology

**ESPS Manuscript NO:** 8645

**Title:** Targeted Immunotherapy for Non-Small Cell Lung Cancer

**Reviewer code:** 02493569

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-12-31 21:47

**Date reviewed:** 2014-01-20 12:33

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors reviewed targeted immunotherapy for NSCLC using recent Pubmed and Medline and clinicaltrials.gov database. The manuscript was well written in clinical phase studies. My comments were below. 1) Page 6: The result of START study might be difficult to be understood. The subgroup that was pretreated with prior chemoradiation had significant improvement in overall survival. Chemoradiation included concurrent and sequential chemoradiation. The benefit of BLP-25 was shown in patients treated with concurrent chemoradiation. In addition, the reference No. 16 (ASCO abstract) might be replaced with a new paper (Lancet Oncol 2014; 15: 59-68). 2) Page 7: The authors described that mutated EGFR in NSCLC is usually associated with an unfavorable outcome and low survival rate, however is predictive of higher response to EGFR-TKI. Meanwhile, Shigematsu et al. (J Natl Cancer Inst 2005;97: 339-46) reported that there was no relationship between EGFR mutation status and survival (in the absence of EGFR-TKI). Please revise the description using the paper. 3) Page 8: The description that estimated survival for higher dose group was 68% and 52%; whereas it was 39% and 20% in the lower dose groups was not clear. The original report showed that the estimated probabilities of surviving 1 and 2 years were 68% and 52%, respectively for the higher dose groups combined and 39% and 20%, respectively, for the low-dose group. Please describe correctly. 4) Page 10: They were randomized to receive Ipilimumab plus paclitaxel and carboplatin followed by 2 doses of placebo plus paclitaxel and carboplatin; or a phased Ipilimumab regimen (2 doses of placebo plus paclitaxel and carboplatin followed by 4 doses of Ipilimumab plus paclitaxel and carboplatin); or a control regimen of up to 6 doses of paclitaxel and carboplatin. It sounds too simple. Original report showed "Patients were randomly assigned 1:1:1 to receive a



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concurrent ipilimumab regimen (four doses of ipilimumab plus paclitaxel and carboplatin followed by two doses of placebo plus paclitaxel and carboplatin), a phased ipilimumab regimen (two doses of placebo plus paclitaxel and carboplatin followed by four doses of ipilimumab plus paclitaxel and carboplatin), or a control regimen (up to six doses of placebo plus paclitaxel and carboplatin).” Please describe it in more detail.



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### ESPS Peer-review Report

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**ESPS Manuscript NO:** 8645

**Title:** Targeted Immunotherapy for Non-Small Cell Lung Cancer

**Reviewer code:** 02730910

**Science editor:** Qi, Yuan

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

Cancer immunotherapy is a fast developing and promising research field in clinical oncologic field and holds great potential to treat lung cancer. This manuscript presents the up to date knowledge of cancer immunotherapy using recently investigated methods. There are number of strengths of this manuscript that would be of significance to the readers. Strengths of this manuscript include novel approaches to ongoing potential treatment modality of Non-small cell lung cancer for potential improvement of response rate. The manuscript is appropriate for publication in World Journal of Clinical Oncology