



## Baishideng Publishing Group Co., Limited

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:** 8572

**Title:** EGFR-TKIs in NSCLC

**Reviewer code:** 00533358

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-12-29 18:11

**Date reviewed:** 2014-01-07 18:13

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 checked="" 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 type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

This is a review describing all the current trials regarding EGFR TKIs. Although it does not offer any additional knowledge it may serve as a document that puts all the trials together. I believe that the authors should reshape a little the discussion making it smaller and giving a more clear and personal line on what should be first or second line treatment for EGFR mutant patients

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Clinical Oncology

**ESPS Manuscript NO:** 8572

**Title:** EGFR-TKIs in NSCLC

**Reviewer code:** 00570331

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-12-29 18:11

**Date reviewed:** 2014-01-23 15:21

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 checked="" 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 type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

Manuscript NO: 02494640 Manuscript title: "EGFR-TKIs for EGFR-mutated NSCLC". In this manuscript, the authors reviewed the therapeutic role of EGFR-TKIs such as gefitinib and erlotinib in the treatment of patients with NSCLCs that carry activating mutations in the EGFR gene since these tumors frequently are susceptible to these inhibitors. They point out that although NSCLC patients initially respond to the above mentioned "first generation" inhibitors, they usually become irresponsive with further treatment. Based on this therapeutic problem, the authors discuss the potential benefits of "second generation" TKIs such as afatinib and dacomitinib in the treatment of "first generation" TKI-resistant NSCLCs. In general, the topic is of high clinical significance and a comprehensive review of this field could help the practicing physician in the evaluation of possible treatment options for patients with NSCLC. The authors list and discuss different trials and conclude it is currently unclear if TKIs should be used as monotherapy or in combination. In addition, they point out that more studies are required to evaluate the molecular changes that occur during resistance development. Since the manuscript does not contain any illustrating figures just tables, it would positively add to the readability of this manuscript, if a figure is included that graphically summarizes the major points, i.e. the different TKIs, EGFR\_mut-expressing NSCLC, post-therapeutic development of resistance etc. There are some minor grammatical errors and the authors should proofread the manuscript thoroughly.



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8572

**Title:** EGFR-TKIs in NSCLC

**Reviewer code:** 00504183

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-12-29 18:11

**Date reviewed:** 2014-02-17 06:50

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 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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

This is a well written review of 1st and 2nd generation EGFR-TKIs current role in treatment of NSCLC with EGFR mutations. The authors have included and comment on all relevant clinical studies and have interestingly included the ongoing trials and concordant questions to be answered by their results. As a minor comment, the authors should include more mechanistic molecular details on the mechanisms of resistance to 1st generation TKIs and how 2nd generation EGFR TKIs can contribute to abrogation of this resistance.



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 8572

**Title:** EGFR-TKIs in NSCLC

**Reviewer code:** 00504391

**Science editor:** Zhai, Huan-Huan

**Date sent for review:** 2013-12-29 18:11

**Date reviewed:** 2014-02-18 04:31

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 checked="" 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
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Asami and Atagi present an interesting review on EGFR-antagonist based therapy for NSCLC. The literature is properly described and the manuscript is well written. Comments: Authors should include at least one figure showing the signaling pathways involved in lung cancer harboring EGFR-mutations and the pathways involved in the acquired resistance.