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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 69489

Title: Efficacy of EGFR-TKI sequential therapy in non-small cell lung cancer patients

with rare EGFR exon 19 insertion mutation: a case report

Reviewer's code: 05227913

Position: Peer Reviewer

Academic degree: N/A

Professional title: N/A

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2021-08-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-05 10:42

Reviewer performed review: 2021-08-12 07:32

Review time: 6 Days and 20 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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



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SPECIFIC COMMENTS TO AUTHORS

- 1. Was the patient scanned for distant organ metastasis with PET-CT and cranial MR before the operation? Because the patient is in the first stage 2. It was stated that pleural effusion developed in the patient, was pleural fluid sampling performed?
- 1. >>> response: The patient underwent preoperative examination, and results showed no distant metastasis as diagnosed by MRI, abdominal ultrasound and full-body bone scan. The same has been added in the manuscript.
- 2. >>>response: It is noteworthy that initially, pleural effusion was slowly elevated without distinct clinical symptoms and pleural effusion puncture and drainage. After that, pleural effusion of patients was augmented with chest depression, shortness of breath, and poor fluid quality, which was manifested as clinical progress. The three generations of drugs were taken orally instead of pleural effusion puncture and drainage.
- 1、患者术前完善检查,做脑核磁、腹部超声及全身骨扫描检查未发现远处部位转移。
- 2、起初患者胸腔积液是缓慢增加,无明显临床症状,未行胸腔积液穿刺引流。之后患者胸腔积液增多,出现胸憋、气短,恶液质状态,表现为临床进展,改口服三代药物,未行胸腔积液穿刺引流。