ANSWERING REVIEWERS

Name of Journal: World Journal of Respirology
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Title: The new era of EGFR-TKIs for Lung Cancer.

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Reviewer´s code: 00608210

This is a review about EGFR-TKIs for lung cancer. It provides the essential knowledge for internists and pulmonologists. I appreciate to review. However, there are some minor revisions.

1. Introduction: In the European Union lung cancer is responsible in men for 187300 deaths in 2014 (25% of total cancer deaths) and in women for 84500 deaths, 141/1000002. Please show the data in the same way for male and female.
2. There are many wrong spelling and grammar error. Please check again.

Response:

1- Appreciate your kind words and the comprehension of the main aim of this article.
2- Yes, the data had to be presents in the same way for female and male.
3- I did cross check spelling and grammar mistakes.

Reviewer´s code: 02494537

The research described in this original article, entitled “Factors That Predict Progression-Free Survival in Chinese Patients with Lung Adenocarcinoma Treated with Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitors,” demonstrates that both a high serum level of CEA and a non-smoking histology are independent predictors of a longer PFS among Chinese patients with advanced NSCLCs expressing EGFR mutations.

Major comments:

The importance and strength of the investigation are the following:

1) The sample size of the present retrospective study was sufficient to statistically analyze the factors for survival among patients with advanced NSCLC expressing an EGFR mutation who were treated with an EGFR-TKI.

2) The article is basically well written and presents retrospective data supporting the authors' findings on EGFR-TKI-treated NSCLC patients. The data also reflect clinical practice in China.

3) The Discussion section is well written.

The limitations or weaknesses of the study are the following:

1) The investigation was retrospective and does not contribute new information on the EGFR mutations in the advanced NSCLCs of patients treated with EGFR-TKI. I therefore recommend that the authors shift the focus of their manuscript to local clinical practice in China, which will interest readers of the journal.

2) The patients in the study comprised a heterogeneous population treated with three different EGFR-TKIs.

I also recommend that the authors modify the following sentences.

Abstract:

Patients and methods.

Lines 13–15: The author listed all tumor markers that can be measured; however, this information was redundant. Delete the relevant sentences or summarize the information they present.

Results.

Line 17. Clarify the version of the RECIST criteria that was referred to.

Introduction:

Line 32: Use the term "non-small-cell lung cancer."

Line 27: The predictors are confounding factors in the clinical characteristics of the population with NSCLCs carrying EGFR mutations. Please modify the relevant sentences accordingly.

Line 38: The biological mechanism underlying the efficacy of EGFR-TKIs targets tumors with activating EGFR mutations. However, not all of patients will respond to these drugs.

Line 43: What was the necessary "invasive procedure"?

Line 43: In China, were the patients' tumors analyzed for EGFR mutations before chemotherapy was started? Please provide this information.

Line 48-54: It appears that the study was conducted in a single institution. Therefore, I recommend that this be mentioned as a limitation of the study in the paragraph discussing the other limitations.

Patients and Methods:

Line 62: In the 7th edition of the TNM classification, patients with malignant pleural effusion have Stage IV disease. Please make this change.

Lines 71–72: The authors should provide the approval number issued by their institution's Ethics Committee.

Lines 74–81: Is the ARMS method to detect EGFR mutations that of SCORPION-ARMS?

Line 88: Please delete "," from: RECIST "," version 1.0.

Also, how did physicians select and assign patients to the three kinds of EGFR-TKI?

Line 96: Delete "(" and ")".

Lines 93–102: Clarify the inaccuracy arising from the retrospective nature of the study. Also, the authors should elaborate on why the predictors of overall survival were investigated.

Results:

Line 106: "enrolled" is not accurate. To avoid misleading readers, please substitute "registered" or other verbs for the retrospective investigation.

Lines 112–113: Stage IIIB of the 6th edition of the IASLC has been changed to Stage IV in the 7th edition.

Lines 121–125: How many patients treated with EGFR-TKIs had to discontinue treatment due to toxicities or interstitial lung disease? Please provide this information.

Line 131: Were the patients who underwent surgery those who had disease recurrence after surgery? Please provide this information.

Lines 136 & 140: In the Patients and Methods section.

Response:

1- As I said previously, aim of this article is General Physicians, Oncological Pneumologists, and Medical Oncologist.
2- Grammer and spelling mistakes have been cross checked.
3- TKIs have been corrected.
4- LUX-LUNG 3 and 6 mentioned.

5- Mutation exon 20 mentioned.
6- Data on AZD9291 mentioned.
7- 3rd generation activity according to presence of T790M – specified in table 3.
8- Brief comment in circulating DNA – liquid biopsy's.

Joana Espiga Macedo