PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 59388

Title: Pembrolizumab as a novel therapeutic option for patients with refractory thymic epithelial tumor: A case report

Reviewer's code: 03724988

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor, Research Associate

Reviewer's Country/Territory: Italy

Author's Country/Territory: France

Manuscript submission date: 2020-10-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-10-26 10:15

Reviewer performed review: 2020-10-26 12:37

Review time: 2 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I read with pleasure this care report of a thymic epithelial carcinoma treated with salvage immunotherapy. The case is well writee, albeit similar cases and phase 2 trials have been reported. I have the following comments: 1) Introduction: "... and immune checkpoint inhibitors (anti-programmed cell death protein 1/programmed death-ligand 1 [PD-L1] antibodies) have provided promising results but further data are required to confirm their efficacy and safety profiles". Please report the appropriate references.   2) Discussion: "High expression of PD-L1 (> 50%) is known to provide a better response to immune checkpoint inhibitors than low or no PD-L1 expression". This sentence might be true for thymic carcinoma but not for other neoplasms (you can refer to PMID: 31655605).

    3) Discussion: I agree that PD-L1 expression is not a good biomarker. Did the Authors evaluate the tuomour mutational burden (TMB)?   4) Case description: The authors do not mention computed tomography (CT) data after the start of immunotherapy, but only PET. If performed, please mention also tumour dimensional burden and not only metabolic data.   5) Case description: Form the previous point, the readers might benefit from a grpah illustating the tumour burden as sum of the target lesions according to RECIST 1.1, or at least maximum SUV data, from the start of the frontline systemic treatment to the last follow-up.   6) Discussion: "The disease progression was confirmed by CT scan at 4-6 wk". The reason for this sentence is unclear, please check.