



Comment on: Pneumonitis in advanced non-small-cell lung cancer patients treated with EGFR tyrosine kinase inhibitor: Meta-analysis of 153 cohorts with 15,713 patients: Meta-analysis of incidence and risk factors of EGFR-TKI pneumonitis in NSCLC



Dear Editor,

We have reviewed with great interest the recently published meta-analysis by Suh et al. [1], which investigated the incidence of pneumonitis in clinical trials of EGFR-TKI published in 2003–2017 among different cohorts with different clinical characteristics and countries of study origin. The authors concluded that the overall incidence of EGFR-TKI pneumonitis was 1.12% in patients without prior exposure to EGFR-TKI, and 1.13% in EGFR-TKI retreatment group, and the cohorts from Japan had significantly higher incidence of pneumonitis. We appreciate for the contribution of the authors. Meanwhile, we have some worthwhile issues that we would like to communicate with the authors.

First and foremost, the authors did not evaluate all types of EGFR-TKI. The authors investigated four types of EGFR-TKI including erlotinib, gefitinib, afatinib and osimertinib during the analysis. However, we noticed that Icotinib was missing in this meta-analysis. One of main conclusions in this meta-analysis is that patients from Japan had a significantly increased risk of developing pneumonitis. As the Asia's first EGFR-TKI [2], Icotinib should be included in this meta-analysis to investigate the incidence of pneumonitis in clinical trials of EGFR-TKI. We hope that the authors could explain that why they only chose these four types of EGFR-TKI but excluded Icotinib which widely used in Asia during analysis.

In addition, the search strategy of this meta-analysis is not described in sufficient detail to allow replication of the work. In the search methods and study selection section, the authors claimed that the search term combined synonyms using the keywords, “erlotinib”, “gefitinib”, “afatinib”, “osimertinib”, and “lung cancer” as follows: (erlotinib OR gefitinib OR afatinib OR osimertinib) AND (“lung cancer” OR “non-small cell lung cancer” OR NSCLC). The author did not specify which database this search term applies to. We hope that the authors could provide a more detailed search strategy for replication of the work.

Finally, the authors only searched the literature from Ovid-MEDLINE and EMBASE. A comprehensive search should include PubMed, the Cochrane Central Register of Controlled Trials (CENTRAL), Google Scholar, CINAHL, OvidSP et al. In our opinion, searching only two electronic databases is far from enough for a comprehensive meta-analysis.

Above all, we respect the contribution of Suh et al. The meta-analysis shows that the overall incidence of EGFR-TKI pneumonitis was 1.12% in advanced NSCLC patients without prior exposure to EGFR-TKI, and was 1.13% in patients who have been previously treated with

EGFR-TKI and underwent retreatment. We believe that our comments will contribute to a more accurate elaboration of the results presented by Suh et al.

Conflict of interest

All authors declare no Conflicts of Interests for this study.

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Ethical approval

This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent

For this type of study, formal consent is not required.

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