



Reply to the comments 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



We appreciate the interest and comments by Xu for our article, which studied the incidence of pneumonitis EGFR tyrosine kinase inhibitors (EGFR-TKI) in non-small-cell lung cancer (NSCLC) patients treated in clinical trials [1].

As noted by Xu, the study focused on the EGFR-TKI agents including erlotinib, gefitinib, afatinib, or osimertinib. This is because these are the agents approved by the United States Food and Drug Administration for the treatment of the EGFR-mutant advanced NSCLC, and have been widely studied in clinical trials across the globe resulting in the large amount of data on pneumonitis in different cohorts of patients that are available for the study. While we acknowledge that icotinib has been approved and used in China, the data in countries other than China is currently limited for this agent. It is certainly of great interest to determine the incidence of pneumonitis related to icotinib therapy and compare the incidence rates in patients among different countries, when the agents are used more widely and the robust data are accumulated.

We also appreciate the comment on the details of the search strategy, which is an important process of meta-analyses. We applied the search terms, (erlotinib OR gefitinib OR afatinib OR osimertinib) AND ("lung cancer" OR "non-small cell lung cancer" OR NSCLC), to both Ovid-MEDLINE (PubMed) and EMBASE databases [2]. English-language, humans and clinical trials filters were applied. As noted by Xu, we included Ovid-MEDLINE (PubMed) and EMBASE databases for literature search because Ovid-MEDLINE (PubMed) and EMBASE databases are the two most important databases and usually cover most relevant studies especially for clinical trials [2]. The search did not include other databases, which may be a potential limitation of the study; however, for example, the search on the Cochrane Central Register of Controlled Trials (CENTRAL) database did not identify any additional articles for the purpose of the study. We believe that the search using Ovid-MEDLINE (PubMed) and EMBASE, which resulted in 144 eligible articles for this specific topic, provided a comprehensive list of the published reports of the clinical trials.

Authors are grateful for the comments, and hope that further investigations of mechanistic biomarkers of EGFR-TKI-related pneumonitis contribute to advances in knowledge.

Conflict of Interest

Suh: Nothing to disclose

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