Reviewer’s report

Title: Relapsing MAP-Kinase Inhibitor-Induced Pneumonitis, a case report.

Version: 2 Date: 6 March 2015

Reviewer: Graeme Finlay

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Giraud et al describe an unusual case in which interstitial lung disease with eosinophils and poorly formed granulomas developed in a patient while on treatment with trametinib and then, independently, vemurafenib. Sporadic reports of interstitial inflammation appearing in the context of protein kinase inhibitors were noted. Such complications are rare, but it is appropriate that the oncological community be cognisant of their occurrence. Such drugs are used not only by specialist oncologists treating melanoma but also increasingly, by generalists in general centres. It is also likely that this information will be relevant to oncologists treating other cancer types also.

This report contains significant information and is worthy of publication.

Discretionary revisions

To be strict, MAP kinase is a generic term. I would prefer to see the term MAPK/ERK pathway (to distinguish it from MAPK/JNK and MAPK/p38 pathways).

Line 32 is clumsy: ‘BRAF and MEK are components of the MAPK/ERK pathway, and inhibitors of these proteins have significantly improved …’

Line 57 could be rephrased: ‘The novel BRAFV600-mutant (vemurafenib, dabrafenib) and MEK (trametinib) inhibitors are …’

Lines 121-2 and 128-9: the MAPK/ERK pathway not strictly a tyrosine kinase pathway.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.