Author's response to reviews

Title: Comparative efficacy and safety of second-line treatments for advanced non–small-cell lung cancer with wild-type or unknown status for epidermal growth factor receptor: a systematic review and network meta-analyses

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Version: 4 Date: 27 Sep 2017

Author’s response to reviews:

September 27th 2017

Dear Dr Szyszka,

Thank you for considering our manuscript "Comparative efficacy and safety of second-line treatments for advanced non–small-cell lung cancer with wild-type or unknown status for epidermal growth factor receptor: a systematic review and network meta-analyses" (BMED-D-17-00543R1) as potentially acceptable for publication in BMC Medicine.

We have addressed the Chief Editor’s comment and revised the paper accordingly.

You will find enclosed a revised version of our manuscript incorporating the latest amendments. We include 2 copies of the revised manuscript (clean version and version with changes tracked).

Best regards,

Perrine Créquit, Anna Chaimani, Amélie Yavchitz, Nassima Attiche, Jacques Cadranel, Ludovic Trinquart and Philippe Ravaud
Response to editorial comments:

Editorial comments:

It feels that phrasing of this section in the results is a bit too strong, given the limitations of the method. Please ensure to tone down the phrasing in the Results section (suggested edit below) and add a corresponding statement in the abstract.

Suggested changes in the Results section:

"Proper methodology to translate these results into absolute effects still remains to be developed. Nevertheless, we could consider as an illustrative - but yet not conclusive - example of the absolute effects the difference in restricted mean survival at 18 months of immunotherapy versus docetaxel (Appendix 13). As the evidence presented in this systematic review does not allow for any definitive conclusions, the actual impact on life expectancy should be further explored by future trials."

Answer:

We rephrased the respective paragraph in the results section as suggested by the editors (see end of paragraph in results for overall survival), and we also add a corresponding statement in the conclusion of the abstract:

“Conclusions: Nivolumab, pembrolizumab, atezolizumab and pemetrexed+erlotinib may be the most effective second-line treatments for NSCLC in terms of OS. The 4 recommended treatments seem to have relatively poor performance. The impact on life expectancy should be further explored by future analyses, and more trials comparing the novel treatments are needed to reduce the uncertainty in these results.”