Reviewer’s report

Title: Endoscopic Central Airway Recanalization To Enable First Line Pembrolizumab Treatment In A PD-L1 Strongly Positive Non-Small Cell Lung Cancer: A Case Report

Version: 0 Date: 17 Dec 2018

Reviewer: Federico Quaini

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The manuscript by Fiorelli A. et al. reports on a case of NSCLC in which bronchial stenting allowed the use of anti-PD-1 immunotherapy. The study highlights the wave of enthusiasm brought about the success of immune checkpoint inhibitors (ICI) and the multimodal approach necessary to treat lung cancer.

Below are my criticisms/suggestions:

-No CT or clinical documentation of Pembrolizumab efficacy is reported partly limiting the overall significance of the study.

-Please provide information on the time interval from resolution of pneumonia or at least stent placement to initiation of Pembrolizumab, as well as drug doses and schedules.

-Although it is well known that the incidence of ICI-related pneumonitis is less frequent with Pembrolizumab than with Nivolumab, Authors should acknowledge this risk when making their therapeutic decision in a patient with recurrent infective episodes. This issue should be more deeply discussed or described.

-Are the Authors aware of any similar studies on patients with recurrent pneumonia in which endoscopic recanalization was aimed at combining chemotherapy?

-In my opinion the order of figures should be changed according to the clinical presentation, indicating that recurrent pneumonia occurred before stent application. Thus, figure 2 should be figure 1 and viceversa.

-I believe that "combined approach" is more appropriate than "multidisciplinary".

-Some misspelled words and grammatical mistakes are present. Please proof read and correct.

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An article whose findings are important to those with closely related research interests
Quality of written English
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