Reviewer’s report

Title: Anti-glomerular basement membrane glomerulonephritis following nintedanib for idiopathic pulmonary fibrosis: A case report

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Reviewer: Julie Omolola Okiro

Reviewer's report:

Interesting, well written, well discussed and very educational. Thank you.

A few remarks.

1). 110-111: "There were no clinical, radiological or biopsy findings of any these associated causes in our patient." This sentence leads no additional information in this case.

2). 159-161: "There is a growing body of evidence that suggest multi-kinase inhibitors not only heavily impact on the immune system but also new evidence has emerged implicating its role in the regulation of renal vascular endothelium dysfunction." This sentence is contradictory to the point you are trying to make. Do you mean - its role in renal vascular endothelium dysfunction? Please correct.

3). 165-166: "It is possible the change in the glomeruli architecture is enough to expose glomerular basement membrane to circulating anti-GBM antibodies." This sentence implies that there is already the presence of anti-GBM antibodies and nintedanib only exposes GBM to the already present antibodies. Please correct (e.g expose GBM antigens and consequently, antibody formation).

4). This is obviously not a necessity but it would be interesting to know if this patient was tested for the anti-glomerular basement membrane susceptibility allele HLA-DRB1-15? I ask this as a previously reported drug induced cause of anti-GBM nephritis confirmed this allele in 2 patients. (Anti-Glomerular Basement Membrane Disease after Alemtuzumab. Menna R. Clatworthy, Elizabeth F. Wallin, M.B., B.Chir, David R. Jayne, M.D. http://www.nejm.org/doi/full/10.1056/NEJMc0800484#t=article

5). Was her breast cancer active? What was her CA-153 level? Can it account for the anti-GBM nephritis? See Maes B et al. IgA antiglomerular basement membrane disease associated with bronchial carcinoma and monoclonal gammopathy.

6). Anti-GBM has also been reported in patients with pulmonary fibrosis. Please see. https://link.springer.com/article/10.1007/s10157-010-0390-0
7). I would like to see one or two lines about other possible triggers (breast cancer, pulmonary fibrosis) and why they are more unlikely to have caused this patient's anti-GBM disease compared to nintedanib.

Once again interesting paper.

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Please indicate how interesting you found the manuscript:

An article of importance in its field

**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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