Reviewer's report

Title: A case of leukocytoclastic vasculitis with purpura and renal failure induced by the anti EGFR antibody panitumumab 1 Hitomi Kamo, Eiji Shinozaki2, Takanobu Sugase1, Nobuyuki Mizunuma2, Shoji Taniguchi1, Takashi Gotoh1, Keisyo Chin2, Tomoaki Tanaka1, Kazumi Koga1, and Kensei Yamaguchi 1)Surgery, Koga General Hospital, Miyazaki, Japan 2) Gastrointestinal Oncology, The Cancer Institute Hospital, Japanese Foundation for Cancer Research, Tokyo, Japan Corresponding author details Hitomi Kamo, Department of Surgery, Koga General Hospital, Miyazaki, Japan mizunuman12@gmail.com eiji.shinozaki@gmail.com takasuga@kgh.or.jp mizunuman9@gmail.com taniguchi@kgh.or.jp gotochan@kgh.or.jp kchin@jfcr.or.jp tomoaki-tanaka@kgh.or.jp koga@kgh.or.jp kensei.yamaguchi@jfcr.or.jp

Version: 0 Date: 08 Jul 2018

Reviewer: Sohail Abdul Salim

Reviewer's report:

1. Do you believe the case report is authentic?

Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.

Comments: NO

3. Does the Introduction explain the relevance of the case to the medical literature?

Yes.

4. Does the article report the following information? Where information is missing, please specify.

a. The relevant patient information, including:

- De-identified demographic information (age, gender, ethnicity)
- Main symptoms of the patient
- Medical, family and psychosocial history
- Relevant past interventions and their outcomes
b. The relevant physical examination findings

c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.

d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?

Comments: yes

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

Yes

7. Is the Abstract representative of the case presented?

Comments: yes

8. Does the case represent a useful contribution to the medical literature?

Comments: yes
9. Additional comments for the author(s)? This case demonstrates a case of vasculitis. Renal biopsy had fibrocellular crescents with no Immune complex depositon and +blood on microscopy and Cresenteric Glomerulonephritis cannot be ruled out. Not reported in this case reported is whether there was any acanthocytes on urine analysis or serum magnesium level which would have given more insight.

**Level of interest**
Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

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

Acceptable

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No