Reviewer's report

Title: A case of leukocytoclastic vasculitis with purpura and renal failure induced by the anti EGFR antibody panitumumb 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

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Reviewer: Otabek Yangibaev

Reviewer's report:

1. Do you believe the case report is authentic?

Yes/No

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/No

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:
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/No

7. Is the Abstract representative of the case presented?

Comments:

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

Comments:

9. Additional comments for the author(s)?

Dear authors,

I had a pleasure reviewing your manuscript. It is written well, using quite good academic English. Currently metastatic colon cancer is quite common while publications on dermatological toxic side effects of EGFR antibodies quite scarce.

Introduction explains well main purpose and importance of this manuscript.

And case presentation is also well constructed and all relevant tests to exclude other causes of renal failure and skin diseases were reasonably undertaken. Timeline of the presentation, treatment, diagnostic tests (and reasoning) and etc. reasonably well presented.

However, one relevant aspect is missing that is RAS and BRAF V600E status?

There are few minor mistakes in the text that may require proofreading. For example:

On the first paragraph, 4th line of the case presentation: "(tube 1 plus tube 2)".

Also sequence of figures (for example: figure 5, 6, 7) does not correspond to the text of the manuscript.

And also, while describing your case and specifically pathological picture/grading which system did you use?
According to which protocol panitumumab infusion was administered?

Discussion is also well written, however, references that authors kindly provided may not be entirely accurate, and require amending them accordingly.

For example: on page 7, 12th line in the sentence starting as "Two cases involved panitumumab (including our case), one case involved cetuximab3), five involved gefitinib 4)-6), and three cases involved erlotinib7)-8) (Table 2. ). Rash improved in all of these patients, and renal failure did not develop. Paraneoplastic vasculitis was suspected in these patients."

Authors provided sequence of references, but they seem to be not exactly as authors stated, and these could be considered as misleading. For example, references 3 and 4 are publications on Erlotinib, references 5 and 6 on Gefitinib. I think only publication (on reference 5) is reporting on para-neoplastic syndrome. Reference 8 does not report anything on skin reactions, they report only crescentic glomerulonephritis induced by Erlotinib and reference 9 (presented on page 9) report on Gefitinib induced nephrotic syndrome. I would suggest to review your references.

Best wishes
reviewer

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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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Were you mentored through this peer review?

No