Reviewer's report

Title: The Clinical Efficacy of Afatinib 30 mg Daily As Starting Dose May Not Be Inferior to Afatinib 40 mg Daily in Patients with Stage IV Lung Adenocarcinoma Harboring Exon 19 or Exon 21 Mutation

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Reviewer: Esther Black

Reviewer's report:

The article "The Clinical Efficacy of Afatinib 30 mg Daily As Starting Dose Is Not Inferior to Afatinib 40 mg Daily in Patients with Stage IV Lung Adenocarcinoma Harboring Exon 19 or Exon 21 Mutation" is an interesting retrospective study of the clinical efficacy of 30mg starting dose of afatinib in EGFR mutated patients. While it is true that the numbers are small and that half of the patients were still alive at the end of the study, these data might indicate clinical benefit for patients by beginning at a lower dose. The observations will need to be validated in a separate study. However, reducing ADRs is likely to improve adherence and since the disease control rate was equal, a larger population followed through survival may be demonstrate a difference in response rate. It did seem a bit odd that the regression analysis in Table 3 does not show a significant effect of dose on response rate, given the graphs in Figure 1.

In the Discussion, line 31, I'm not sure "dramatic improvement" is an appropriate conclusion from the data shown.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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Yes

Are the conclusions drawn adequately supported by the data shown?
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Yes
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I am able to assess the statistics

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