

## Review Form 1.6

Journal Name:	<a href="#">Journal of Pharmaceutical Research International</a>
Manuscript Number:	Ms_JPRI_78241
Title of the Manuscript:	QTc CHANGES ASSOCIATED WITH TYROSINE KINASE INHIBITORS IN CANCER PATIENTS
Type of the Article	

### **General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<https://www.journaljpri.com/index.php/JPRI/editorial-policy>)

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**PART 1: Review Comments**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)																																																
	<ul style="list-style-type: none"> <li>The Paper explore the possible association between QTc and the use of tyrosine kinase inhibitors in Cancer Patients.</li> <li>The Paper is well-written. The presentation is clear and concise.</li> <li>Page 2- Methodology - It was mentioned that the sample size was calculated using the WHO sample size calculator by using the population prevalence proportion of QTc prolongation with tyrosine kinase inhibitors as 28.8%.</li> <li>Page 6 – Before Conclusions - However, while mentioning some of the limitations of the study small sample size was also mentioned as one of the limitations. This is contradictory to what is mentioned on Page2, described above.</li> <li>In Table 1, the percentages are calculated column wise while it is more appropriate to calculate the percentage row wise. View the Table 1, after calculation of percentages, row wise:</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Socio-demographic Factors</th> <th>Normal QTc</th> <th>Prolonged QTc</th> <th>P-value</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>Age</b></td> </tr> <tr> <td>&lt; 40 years</td> <td>87 (78.4%)</td> <td>24 (21.6%)</td> <td rowspan="2">&lt; 0.001</td> </tr> <tr> <td>≥ 40 years</td> <td>31 (44.9%)</td> <td>38 (55.1%)</td> </tr> <tr> <td colspan="4"><b>Gender</b></td> </tr> <tr> <td>Female</td> <td>62 (64.6%)</td> <td>34(35.4%)</td> <td rowspan="2">0.769</td> </tr> <tr> <td>Male</td> <td>56 (66.7%)</td> <td>28(33.3%)</td> </tr> <tr> <td colspan="4"><b>Duration of TKI use</b></td> </tr> <tr> <td>&lt; 12 months</td> <td>88(83.8%)</td> <td>17(16.2%)</td> <td rowspan="2">&lt; 0.001</td> </tr> <tr> <td>≥ 12 months</td> <td>30(40.0%)</td> <td>45(60.0%)</td> </tr> <tr> <td colspan="4"><b>Presence of Co-morbidity</b></td> </tr> <tr> <td>No</td> <td>77 (64.7%)</td> <td>42(35.3%)</td> <td rowspan="2">0.737</td> </tr> <tr> <td>yes</td> <td>41(67.2%)</td> <td>42(32.8%)</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Based on the data provided in above table, now, we can say that among those whom the duration of TKI was 12 months or above, the percentage of Prolonged QTc was 60% as compared to 16.2% among those where the duration of TKI was less than 12 months.</li> <li>Page 5 – Last para – It is mentioned that <u>QTc prolongation in most cases could be a finding of low clinical significance but in some patients, this may lead to serious consequences</u>”.</li> <li>There is a study to show that an abnormally prolonged QTc interval was associated with three-fold risk of sudden cardiac death, after adjusting for age, gender, body mass index and few other parameters. Another perspective Rotterdam study carried out on 3105 men and 4878 women, aged 55 years and above, concluded that Abnormal QTc prolongation on electrocardiogram should be viewed as an independent risk factor for sudden cardiac death.</li> <li>In view of above studies, prolonged QTc cannot be considered as of low clinical significance, may be in relation to cancer, yes, but in relation to cardiac arrest, it has its own significant role to play.</li> <li>In view of the above, the Authors may consider to include few lines more mentioning the importance of prolong QTc in their study especially in relation to sudden cardiac deaths.</li> <li>The paper may be accepted with above suggested minor modifications.</li> </ul>	Socio-demographic Factors	Normal QTc	Prolonged QTc	P-value	<b>Age</b>				< 40 years	87 (78.4%)	24 (21.6%)	< 0.001	≥ 40 years	31 (44.9%)	38 (55.1%)	<b>Gender</b>				Female	62 (64.6%)	34(35.4%)	0.769	Male	56 (66.7%)	28(33.3%)	<b>Duration of TKI use</b>				< 12 months	88(83.8%)	17(16.2%)	< 0.001	≥ 12 months	30(40.0%)	45(60.0%)	<b>Presence of Co-morbidity</b>				No	77 (64.7%)	42(35.3%)	0.737	yes	41(67.2%)	42(32.8%)	
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<b>Compulsory</b> REVISION comments  The percentages in Table 1, to be given according to row wise.  Prolonged QTc, is documented to a high Risk for sudden cardiac deaths. This may be highlighted in the paper.  This fact actually increases the significance of the study.		
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

### **PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

### **Reviewer Details:**

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Department, University & Country	<b>Indian Council of Medical Research, India</b>