

# Review of: "[Case Report] Profound Symptom Alleviation in Long-Covid Patients After PAMP-Immunotherapy: Three Case Reports"

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Potential competing interests: No potential competing interests to declare.

Dear authors,

The issue of your case series could be interesting, but I think a major revision is mandatory before publication.

Firstly, you should describe your methods more deeply. After a short introduction, you move directly to results. In the paragraphs "PAMP-immunotherapy" and "History of Fever Therapy in Cancer Patients," you provide a brief description of your approach. Anyway, I think you should explain clearly your criteria for patient selection and, above all, details about the therapeutic approach. I am a pulmonologist, like many other COVID-19-involved physicians, and an absolute non-expert in cancer therapy and specifically PAMP-immunotherapy. I think it would be useful to define well the substances used, doses, number of total applications, rationale for all these choices, and bibliographic references. However, I suggest attaching the first three paragraphs of "Discussion" (from "Before to discuss..." to "...flu-like symptoms") to the introduction.

Then, I strongly recommend better describing the clinical history of the patients. A more detailed description is given only for case 1. For case 2, you should provide eventual comorbidities and, at least, if a confirmed infection by SARS-CoV-2 had been recorded. For case 3, it seems the diagnosis of long-COVID was secondary to vaccination: this is controversial. WHO defines long-COVID as follows: "Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19, with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis" (see <https://apps.who.int/iris/bitstream/handle/10665/345824/WHO-2019-nCoV-Post-COVID-19-condition-Clinical-case-definition-2021.1-eng.pdf>). So, I suggest you to re-consider this case if a confirmed or extremely probable infection was absent.

Moreover, it would be interesting to have access to some clinical data of the patients, e.g., common blood parameters at therapy start and end of treatment, pulmonary function tests if available, some sort of exercise or fatigue assessment, e.g., the 6-minute walking test (I am not an expert on non-respiratory chronic impairment so I cannot suggest other possible instruments).

Best Regards,



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