	Everolimus	8%-14%	3.8%

Table 1: Reported frequency, and mortality rate of targeted therapy-induced interstitial lung disease; ALK: Anaplastic lymphoma kinase; EGFR: epidermal growth factor receptor; HER: human epidermal growth factor receptor; mTOR: mammalian target of rapamycin ; NA: not available; TKI: tyrosine kinase inhibitor

Trastuzumab is a monoclonal antibody binding to the extracellular domain of the HER2 protein for the treatment of breast cancer. The incidence of trastuzumab-induced interstitial pneumonitis, organizing pneumonia, and acute respiratory distress syndrome (ARDS) was less than one percent in the previous reports [27-30].

Rituximab is an anti-CD20 monoclonal antibody for the treatment of non-Hodgkin lymphoma, and rheumatoid arthritis. The frequency of ILD had been reported in 9 of 107 lymphoma patients (8%) receiving rituximab and one patient with ILD died of secondary infection [31].

The mTOR inhibitors include temsirolimus and everolimus. Temsirolimus was used for the treatment of advanced RCC. Temsirolimus-associated ILD had been reported in 0.5 to 5 % of cancer patients in several studies, and the fatalities were rare [32-36]. Everolimus was used for the treatment of advanced RCC, and PNET. The frequencies of ILD related to everolimus ranged from 8 to 14% of treated patients [36-42]. The mortality rate due to ILD was reported to be 3.8% (4 of 105 patients) in a previous study [4].

Patients with drug-induced ILD (DILD) usually present with non-specific symptoms and signs, and no specific laboratory test, radiographic features, or pathologic findings are available to establish the diagnosis. Therefore, DILD usually remains a diagnosis of exclusion. The diagnostic criteria has been suggested as follows [4,43-45] : (1) A drug exposure history; (2) clinical, radiographic, and histopathological characteristics which are compatible with previous findings of the the identical drug; (3) other pulmonary diseases should be excluded; (4) improvement after cessation of the suspected drug; and (5) Recurrence of ILD after rechallenge.

Exclusion of other pulmonary disease is very important, and the differential diagnosis includes pulmonary infection, cardiogenic or non-cardiogenic pulmonary edema, pulmonary metastasis, lymphangitic carcinomatosis, pulmonary embolism, radiation-

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