

ANSWERING REVIEWERS:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: In the proposed manuscript, Zhou et al. present a patient treated with intravesicle gemcitabine instillation chemotherapy for urothelial carcinoma, which resulted in an uncommon complication – lung injury. Based on the presented clinical case, the authors of the manuscript cautioned that health care professionals who administer gemcitabine should monitor for the development of gemcitabine-induced pulmonary toxicity, particularly in patients who are at high risk. My general opinion for this manuscript is that the case is presented well and clear. The quality of the English is also good. I would advise to the authors, to discuss the molecular mechanisms of action of gemcitabine and its toxicity, especially in predisposed patients and additionally age, male gender, previous pulmonary concomitant disease, etc.

Reply for reviewer 1: Thank you for your comments. According to your advice, I have added the mechanism and the pathogenesis of gemcitabine induced pulmonary toxicity in the discussion part. I have also discussed the potential effect of the predisposing risk factors on the gemcitabine induced pulmonary toxicity based on the postulated mechanisms.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: I read the article, it is not a rare condition. It is not suitable for publication. Thank you.

Reply for reviewer 2: Thank you for your reviewing. For the gemcitabine induced pulmonary toxicity, it might be not a rare condition. But in our manuscript, we introduced a pulmonary toxicity induced by intravesicle gemcitabine instillation chemotherapy for urothelial carcinoma, which we believe it is not so common. Thus, would you please give us an opportunity for the revision of the manuscript. We appreciate it a lot.