

Dear Reviewer:

Thank you for your thoughtful comments on my manuscript. My answers to the questions you have pointed out are as follows.

1. Both anti-Hu and anti-Yo antibodies were detected in blood and cerebrospinal fluid in the present case, suggesting the coexistence of the two antibodies. Small-cell lung cancer was revealed on chest CT, but there was no imaging evidence of breast cancer metastasis at this time. Small-cell lung cancer is a tumor that is most likely to cause neurological paraneoplastic syndrome, and patients may present with two or more antibodies, but the incidence is low. Considering the patient's history of breast cancer, and the IIFT and BLOT both suggested positive anti-Yo antibodies with high titers, the neurological paraneoplastic syndrome may occur earlier than solid tumors, the possibility of potential breast cancer in the patient The possibility is high.

2. The patient had two paraneoplastic antibodies examined in the cerebrospinal fluid, but no associated tumor cells were detected, and no significant meningeal enhancement was seen on the cranial MRI, so there was insufficient evidence for the diagnosis of leptomeningeal disease. However, considering the low positive rate of tumor cells in cerebrospinal fluid of patients with carcinomatous meningioma and related neurological paraneoplastic syndrome, the possibility of leptomeningeal disease was not excluded.

I have included photos of the patient with positive cerebrospinal fluid and blood in the manuscript. Thank you again for your support.

Zichao Li