

**Dear Editor,**

Thank you for your email with suggestions to improve the quality of our manuscript. According to your instructions, we have thoroughly revised the manuscript and answered the reviewer's comments point-by-point as fully as possible. The corrected parts of the revised manuscript are highlighted with yellow color in the revised manuscript. Furthermore, the English has been revised by a professional manuscript editing service.

We are grateful for the opportunity to submit the revised manuscript and hope that is satisfactory and suitable for publication.

Thank you and the reviewers for the kind advice.

Sincerely,

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**Reviewer #1:**

**Scientific Quality: Grade C (Good)**

**Language Quality: Grade B (Minor language polishing)**

**Conclusion: Minor revision**

**Specific Comments to Authors:**

**This manuscript describes a clinical case-study of a patient diagnosed with metastatic atypical thymic carcinoid tumors who was treated with anlotinib for one year with intent to improve quality-of-life. After one year of treatment, observations of reduction in pain, decreased NSE index, and tumor shrinkage were used to support the use of this treatment regiment in the future.**

**Minor comments:**

**1. Sporadic grammatical errors. Manuscript should be reviewed by a reader fluent in the English language. -Page 1 Abstract line 1-2, 7, 9. -Page 2 line 1-3,7-8. -Page 3 lines 4-5, 12-17. -Page 4 lines 3, 18-19, 22. -Page 5 lines 9, 13-14, -Page 6 line 13 -Page 7 line 12 -Page 10, Figure 2, line 1.**

**Response:** Thank you for your kindly comments. We thoroughly revised the grammar errors in the text and, according to your suggestion, asked a professional manuscript editing service for help and the send you the Proofreading proof as the attached forms. The corrected parts are marked in yellow in the revised manuscript.

**2. Add APUD, SCLC, ESCC to abbreviations list.**

**Response:** According to your suggestion, we have done this.

**3. Add arrows, and dates to all scan images. Add scale bar to H and E image.**

**Response:** Your comment is very important. We have added arrows and dates to all scan images that clearly show the differences of the results. And have also added scale bar, according to your suggestion, to HE image ( $\times 400$ ).

**4. What were the reported side effects, if any, of anlotinib?**

**Response:** Thank you for your comment. In our case, during the course of anlotinib treatment, a rash and mild gastrointestinal reaction resolved with the duration of administration.

**5. Did the patient progress after 2.5 years or was contact lost after 2.5 years?**

**Response:** Your comment is very important and pertinent to our work. The patient was started on anlotinib (12 mg) on June 6, 2018, which was administered orally daily before breakfast for 2 weeks with a week of rest in every cycle of 21 days. This treatment was continued until March 2022, when the patient stopped anlotinib due to his old age and refusal of

chemotherapy. The patient died on May 10,2022 due to respiratory and circulatory failure. And we added this information to the text.

**6. What metrics were used as a report of reduction in pain after treatment?**

**Response:** We feel very sorry for our carelessness. The metric were used as reduction in pain is pain score. The patient presented with a complaint of a 2-month history of lower back pain and weight loss of 5 kg in June 2018. Physical examination revealed marked tenderness to percussion over the lumbar 2 vertebrae, ECOG score above 1 and pain score above 4. Receiving long-term anlotinib therapy his pain score reduced to above 1. The corrected parts are marked in yellow in the revised manuscript.