

**Comment:**

In this paper a case of fatal radiation pneumonitis (pathologically confirmed) following chemoradiation for LD SCLC has been reported. The manuscript showed that although lung parameters have been kept below a certain threshold to prevent treatment related toxicity by the use of a highly conformal dose distributions via IMRT, a fatal complication has occurred anyway. However, despite the authors acknowledged that several factors (patient's frailty and comorbidities, underlying connective disorders, use of adjuvant chemotherapy, pathologically confirmed lymphangitic spread of SCLC) may have contributed to trigger such an adverse event, neither the manuscript title nor the conclusion clearly mention it, as if chemoradiation itself may turn out in a G5 toxicity. Therefore, in order to avoid misleading interpretations, I would recommend to provide additional details in both the sections to help the readers in a better understanding.

**Response:**

**Thank you for the feedback. The length of the title is limited so the level of detail that can be reflected there is therefore also limited. The conclusion has been amended to reflect the nuances pointed out and now reads as follows:**

*“This is a case report of grade 5 radiation pneumonitis in a patient with a potential history of connective tissue disease and/or autoimmune disease who also developed lymphangitic spread of tumor. Standard of care chemoradiation was provided to this patient and all of the radiation dose parameters were well within commonly accepted ranges. Furthermore, connective tissue disorder diagnosis was in question and autoimmune disorder was not active. Despite appropriate precautions, he still developed fatal pneumonitis. Further research is needed to develop a better understanding of the interplay of all of these factors.”*