

Dear reviewers and editor:

Thank you very much for your comments and suggestions.

We have revised the manuscript according to the comments and suggestions of reviewers and editor, and respond point-by-point to the comments as listed below. We have highlighted the changes in our manuscript by using the track changes.

Looking forward to hearing from you soon.

Best regards,

Yours Sincerely

Li Zhang

### **Replies to Reviewers and Editor**

First of all, we thank both reviewers and editor for their positive and constructive comments and suggestions.

Replies to Reviewer:

1. The title would be considered to be modified as "Multiline treatment of advanced squamous cell carcinoma of lung: a case report and literature review", to my opinion.

**A1.** Thank you very much for your advice, we have revised the title according to your kind comment.

2. P. 9, the word 'mo' would be better to write as 'month'.

**A2.** Thank you for your advice, we have replaced all the words "mo" to "month".

3. It is necessary to state more clearly whether the patient is alive with or without the existing lung lesion.

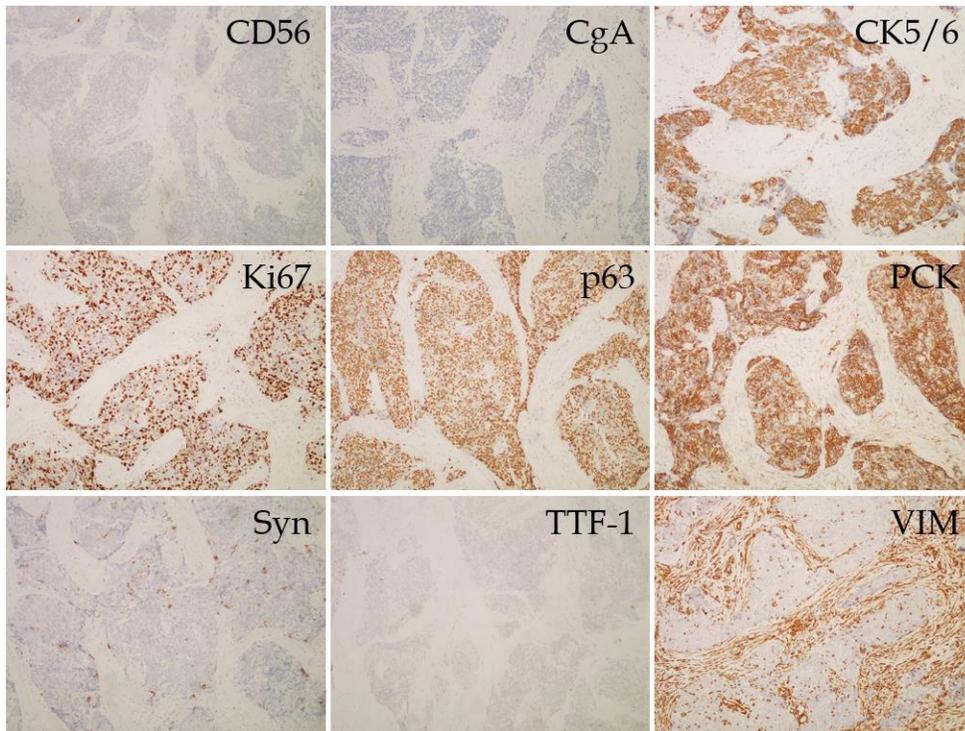
**A3.** Thank you for your constructive advice. We have added more details related to the radiation-induced lung injury in the TREATMENT section and OUTCOME AND FOLLOW-UP section.

“However, radiation-induced lung injury (RILI) was observed after the radiotherapy, accompanied by cough and shortness of breath. Corticosteroid-based therapy was administered to improve RILI.”(Page 8)

“No obvious enlargement of the tumor is observed, and the RILI also improved, with some small focal fibrosis left.”(Page 9)

4. Can the author also supply some typical immunohistochemical pictures to the readers?

**A4. Thank you very much! We applied for the immunohistochemical pictures of the patient from our department of pathology, and we have received the pictures and uploaded them as supplementary materials.**



Supplementary Figure 1 Representative images of immunohistochemistry (IHC). The IHC analysis showed PCK (+), CK5/6 (+), P63 (+), VIM (-), TTF-1 (-), CD56 (-), Syn (-), CgA (-) and Ki-67 (+≈30%).