

Dear Prof. Ma and editorial board,

Thank you very much for your decision letter and constructive advice pertaining to our manuscript (Manuscript NO: 63028) entitled “Key determinants of misdiagnosis of tracheobronchial tuberculosis among senile patients in contemporary clinical practice: a retrospective analysis”. We have revised our manuscript according to your suggestions (with track changes in the revised manuscript). In addition, point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by *Medjaden Inc.*.

We hope that the revision is acceptable for publication in your journal.

Look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Xiao-Yun Fan

## **Response to Reviewers**

Reviewer #1:

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

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

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors investigated the Key determinants of misdiagnosis of tracheobronchial tuberculosis among senile patients in contemporary clinical practice. The authors concluded that Insufficient or inaccurate radiographic or bronchoscopy assessment was the predominant cause of delayed diagnosis of TBTB. I have 2 queries. 1. Did the authors investigate any early molecular markers for TBTB? 2. Is there a combined score (Bronchoscopy plus molecular markers) with a better prognostic value as compared to just one technique

**Response: Thanks for the comments.** We have further polished the manuscript to improve the language. In the present study, we did not evaluate the early molecular biomarkers and their role in the diagnosis of TBTB. The reason is that some of the patients had already been diagnosed prior to their admission to our hospital. For these patients, the biomarkers were either not detected or the data were not available. We did not include biomarkers in the present study due to the non-availability of the data. However, it will be useful to investigate the significance of molecular biomarkers in the early diagnosis of TBTB. Actually, we have an on-going study focused on the screening of TB based on the molecular biomarkers. Hopefully, it will provide some insights on the clinical application of these biomarker for diagnosis of TB.

Reviewer #2:

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** We read the article with great interest by Fei tang et al and recommend its acceptance by the editorial board. The article is very interesting and brings new aspects relevant to the diagnosis and management of endobronchial tuberculosis. The article is well written in a concise manner, with clear information.

**Response: Thanks for the review.**

## **Response to Editors**

**Science editor:** 1 Scientific quality: The manuscript describes a retrospective study of the key determinants of misdiagnosis of tracheobronchial tuberculosis among senile patients in contemporary clinical practice. The topic is within the scope of the WJCC. (1) Classification: Grade A and Grade B; (2) Summary of the Peer-Review Report: The article is very interesting and brings new aspects relevant to the diagnosis and management of endobronchial tuberculosis. The questions raised by the reviewers should be answered; (3) Format: There are 4 tables; (4) References: A total of 22 references are cited, including 9 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A and Grade B. A language editing certificate issued by Medjaden was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by China's 13th Five-Year Major Science and Technology Project "Research on new methods and strategies for precise diagnosis and treatment of tracheobronchial tuberculosis". The topic has not previously been published in the WJCC. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); and (3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Recommendation: Conditional acceptance.

**Response: Thanks for the comments.** We have added the authors' contribution section in the revised manuscript. We have also added the highlights section. Approved grant application form has been uploaded during the submission.

*Company editor-in-chief:* I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a figure to the manuscript.

**Response: Thanks for the comment.** We have added a figure (Figure 1) describing the imaging finding of a selected case in the revised manuscript.