

Dear Editors and Reviewers,

Thank you for your letter and comments concerning our manuscript entitled: “Case Report: Double mutant invasive mucinous adenocarcinoma of lung presenting as massive malignant pleural effusion in a 32 years old male (manuscript number: 69292)”. We are very grateful for your critical reading of our manuscript, and highly appreciate the recommendations for improvements. Your comments are all valuable and very helpful for revising and improving our paper, and important in add significance to our research. We have revised the manuscript according to the reviewers’ comments. Revised portion are marked in red in the paper. The main corrections in the paper and the response to the response to the reviewer’s comments are as follow:

Reviewer:

1. Was there any consideration to perform a thoracocentesis rather than a closed thoracic drainage as the initial diagnostic procedure? If so, why was closed thoracic drainage the preferred option?

Response: We are grateful for your kind reminding, and apologize for confusion we brought to you. We initially performed a thoracocentesis and extracted 700 ml pleural effusion after the hospitalization of this patient. After defining the nature of pleural effusion, we performed the closed thoracic drainage because of the massive pleural effusion and the obvious symptoms of this patient. We apologize for our wrong description and have corrected corresponding content in the manuscript.

2. It would be interesting to know how was the thoracic drain managed after the procedure - what was the output in the first days after placement, when was it removed and what were the criteria for the removal.

Response: After the closed thoracic drainage, daily drainage volume of patients was between 1000 to 1500ml. When the drainage volume of pleural effusion was less than 50ml for two consecutive days, the drainage tube was clamped, and the drainage tube was indwelling for the intrathoracic gas injection before thoracoscopy. The drainage tube was removed during thoracoscopic surgery.

3. It would also be interesting to know how much time after the initial diagnosis and/or the thoracoscopy was treatment with Alfatnib initiated.

Response: We are grateful for your attention to the treatment of the patient. The patient was treated with Alfatnib according to the results of tissue genetic testing, which took around 10 days after the thoracoscopic surgery.

4. There are some minor inconsistencies in the writing in the English language, such as "out of expectation" instead of unexpected (Page 4, Line 3); treatment "of Alfatnib" instead of with Alfatnib (Page 4, Line 19); "and the side effects" instead of and side effects (Page 5, Line 4); "were pulmonary origin" instead of were pulmonary in origin (Page 6, Line 5); "no recurrent of pleural effusion" instead of no recurrence of pleural effusion (Page 5, Line 6).

Response: Thanks for your suggestions for the English language writing. We have modified the inconsistencies you mentioned above, and marked them in red.

Editor:

1. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: Dear editor, according to your request, we have provided the original pictures using PowerPoint and uploaded them to the system, please check.

2. The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend:
<https://www.wjgnet.com/bpg/gerinfo/240>.

Response: Dear editor, thanks very much for your suggestion about the language. I finished the manuscript in February 2021, and paid Editage, a brand of Cactus Communications, for language polishing, as the certification showed. However, due to my mistake, the article I uploaded was the original version, not the polished version. I'm very sorry for this. This time, I uploaded the article polished by the company. Please check it.

3. The title is too long, and it should be no more than 18 words.

Response: According to your suggestion, we change the title into "Case Report: Double mutant invasive mucinous adenocarcinoma of lung in a 32 years old male".

4. The "Author Contributions" section is missing. Please provide the author contributions.

Response: According to your suggestion, we added the section of author contributions into our manuscript.

5. The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Dear editor, according to your suggestion, we have re-written the part of “Case Presentation”, please check.

6. PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: Dear editor, we apologized for the wrong styles of references, and revised them in the new version.

We deeply admire your rigorous academic attitude; please do not hesitate to contact us for any further query.

Thanking you in anticipation.

Best wishes

Sincerely

Ting Wang

26th July 2021