

Response to reviewers

Dear Editor and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Treatment of *Pneumocystis jirovecii* Pneumonia in Non-HIV-Infected patients using a combination of Trimethoprim-sulfamethoxazole and Caspofungin". (ID: 70643). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Reviewer 1

1.Comment: The title needs correction: the word "pneumocystis "should begin with large P. The word "non-human "implies that this is an animal case report. Please reformulate.

1.Reply: We have re-written the title according to the Reviewer's suggestion.

2. Comment: Abstract. non-HIV PCP: please use full words prior to first abbreviations *Pneumocystis carinii* does not cause human infections. The species causing pneumonia in humans is since 1999 (!!!) named *Pneumocystis jirovecii*. Please correct within whole the manuscript!

2.Reply: According to the Reviewer's suggestion, we have re-written "*Pneumocystis jirovecii*" within the whole manuscript.

3.Comment: Language error: Introduction line 4: ...that have significantly reduced... "ERROR 2nd line. Median age of included cases... would rewrite to "of included subjects/patients... "Line 10: Irradiation would change to „radiotherapy "Line 14: Correct to: Patients didn't receive invasive mechanical ventilation.

3.Reply: According to the Reviewer's suggestion, we revised these language errors in the manuscript and the language editing company polished the manuscript again.

4.Comment: The authors state that TMP-SMX has “increasing risk of drug resistance and side effects. Most pts cannot tolerate the therapy and the drug regimen must be changed. “I strongly disagree: the low-dose therapy (=2x 960mg daily) is well-tolerated and has limited side effects. In the last sentences of the Discussion section, I miss any comparison between TMP-SMX therapy and TMP-SMX + caspofungin. Any studies regarding this topic?

4.Reply: Thank you very much for the Reviewer’s comments. We have reviewed the literature and added content in the fifth paragraph of the discussion part **“however, low-dose therapy is well-tolerated and has fewer side effects^[29].”** (Revised portion are marked in red in the paper).

At present, we have not consulted the literature on the comparison of TMP-SMX therapy and TMP-SMX + caspofungin, but we have found that caspofungin is used alone or together with TMP-SMX in the treatment of PJP, **“Previous studies showed that caspofungin alone or in combination with TMP-SMX is effective for HIV-PJP patients, and caspofungin can also be used as a remedial drug^[30,31]”.**

Special thanks to you for your good comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list all the changes but marked in red in revised paper. We appreciate for Editors and Reviewers’ warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.