

## — . Reviewers' questions and my replies

First of all, I am greatly grateful for reviewers' valuable suggestions to this manuscript.

For the first reviewer's question:

1.--Minor language typing, grammar and punctuation mistakes should be avoided.

After inspecting the manuscript repeatedly, I try my best to correct some mistakes in minor language typing, grammar and punctuation. In addition, this manuscript has been polished in the professional English language editing company to ensure language quality.

2.--Originality should be clearly sentenced.

Statement of originality: This manuscript was written by myself under my tutors' guidance and other authors' help from the Department of Respiratory Medicine of our hospital. The design of this manuscript were completed with the joint efforts of all authors. I promise that there are no problems such as plagiarism.

3.--Discussion should be enriched with prospective ideas (limitations are enough from my perspective).

For discussion, the steps of my analysis are: etiology analysis of pleural effusion in the first paragraph, diagnosis yield analysis in the second paragraph, thoracoscopic performance analysis in the third paragraph, the safety analysis in the fourth paragraph, and limitations elaboration in the fifth paragraph. In the theme of each paragraph, explaining the present situation, analogizing similar researches and explaining the reasons are as the main theme, but some small contents on the future outlook are appropriately add to assist the theme above. Therefore, the description of forward-looking views is a little lacking in discussion honestly. However, considering that medical thoracoscopy (MT) is quite mature in China and even abroad, my more forward-looking view for this technology is to innovate it to increase clinical practical value and vigorously promote it to benefit a wider patient group. So, in the limitation section of my discussion and conclusions section, I have mentioned these aspects. That's why I didn't describe too much on forward-looking views in my discussion. Hopefully my reply can explain this problem of reviewer.

4.--Also, similar studies should be added to your discussion, some examples.....

The reviewer lists several references, which I also have read during writing. The themes of these references are basically similar to those of my manuscript. The main reasons why they were not cited at the beginning are as follows: 1) the samples of these references are small with a little low influencing factors. Considering the reliability and strength of the arguments, I did not cite; 2) The manuscript has cited some large-sample references in the corresponding argumentation. In order to avoid literature accumulation, they

aren't cited. However, after carefully reading the references listed by the reviewer and in-depth consideration, I decided to cite them, because small-sample and large-sample references can contribute stonger convincingness synergistically for the argumentation in my manuscript.

5.--Then, please remarks aspects which confer originality of your work and relevance in application of this method in hospital with similar conditions.

Statement of originality has been clarified as above. I think originality of my work is embodied in these aspects: put forward the idea of this manuscript; collect and analyse data; design tables and figures; create and typeset the manuscript etc. In hospitals with similar conditions, MT has not been appled very maturely. There were two reasons mainly: 1)objective aspects: the lack of relevant professionals and technical improficiency of operators; 2)subjective aspects: unclear clinical efficacy and safety of MT in hospitals with similar conditions. Therefore, the significance of this manuscript is to further clarify the clinical practical value of MT to improve the cognition of relevant medical staff and maximize it's value.

6.--Please check the appropriateness of content in this version considering your declared preprint.

After carefully reading the manuscript submission requirements of "World Journal of clinical cases", I did not find any information about inadmissibility of preprint. If it's finally unacceptable after resubmitting manuscript , I will apply for cancelling this preprint so that this manuscript can be successfully received by "World Journal of clinical cases".

For the second reviewer's question: Improve your article grammatically

For the writing grammar of the manuscript, I have inspected and corrected the grammar of the manuscript in detail repeatedly, then polished the language in the professional English language editing companies—FILIPODIA (<https://filipodia.com/>) according to the requirements of BPG Editorial Office to meet publishing requirements in aspect of language quality.

二. Editorial office's questions and my replies

For Science editor: The format of the table should be a three-line table. Can the author supplement the ROC model?

I have revised the format of all tables as required and supplemented the ROC model in the final revision of the manuscript.

For Company editor-in-chief:

Requirement: Upload three documents (①primary version (PDF) of the Institutional Review Board's official approval in official language of the authors' country to the system; ②English Language Certificate; ③Funding

agency copy of any approval document(s) and standardise three-line tables

I have uploaded the English language certificate and the Funding agency copy of approval document. All the tables have been revised to specification. For the Institutional Review Board 's official approval in Chinese, because of the outbreak of SARS-CoV-2 in the city of my country, my acting freedom was restricted by the epidemic policy a few days ago, and also school holidays later, so that I'm unable to get this document of chinese version. After school holidays, I will supplement it immediately. Now, the previous English version is uploaded. Thank you again for your understanding.