Dear Editors and Reviewers:

First of all, I would like to express my sincere gratitude for your comments. Below is a detailed response to the comments. Maybe our understanding and knowledge are limited, so hope you will give criticism and correction. Thank you very much!

Editor:

1.- The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Response 1: Thank you. we have changed the title from "One-stage surgical resection of four different genotypes of bilateral simultaneous multiple primary lung adenocarcinoma: a case report and literature" to "One-stage resection of four genotypes of bilateral multiple primary lung adenocarcinoma: a case report and literature review".

2.- 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 2:

Thank you for your valuable comments, we will submit the qualified PowerPoint as an attachment.

3.- Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript.

Response 3.3: Thank you. We applied RCA tools to find the latest key articles, and selected highlights to supply and improve the latest cutting-edge research results in the manuscript, so as to further improve the contents of the manuscript. In the discussion section, we added relevant contents on pages 250-251 and 259-265, and added references 17 and 20. The supplementary contents are as follows: "Chen et al. [17] believe that simultaneous resection and staged resection have a similar prognosis." "According to the preoperative plan, double sublobar resection was executed at the same time. Romaszko et al. [20] believe that the application of a molecular method to accurately determine the cloning source of MPLC may help determine the appropriate therapy and improve the prognosis of patients. In the present study, high-throughput sequencing (semiconductor sequencing) of 26 lung cancer genes in the 4 nodules was performed after surgical resection, ……"

[17]. Chen TF, Xie CY, Rao BY, Shan SC, Zhang X, Zeng B, et al. Surgical treatment to multiple primary lung cancer patients: a systematic review and meta-analysis. BMC Surg. 2019;19(1):185. [PMID: 31795997 DOI: 10.1186/s12893-019-0643-0]

[20]. Romaszko AM, Doboszyńska A. Multiple primary lung cancer: A literature review. Advances in Clinical and Experimental Medicine. 2018;27(5):725-730. [PMID: 29790681 DOI: 10.17219/acem/68631].

Thank you again for reading our manuscript carefully.

4. As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Response:

Thank you very much for your comments. We apologize for our unclear expression. The revised manuscript was proofread again for language by a native English-speaking expert (see proof of language proofreading).

Reviewer #1:

Comments:

1.-Is the style, language and grammar accurate and appropriate? - English writing should be improved throughout the article. For example, a fragmented sentence was found in Case presentation section as follows: "including blood routine examination, liver and kidney function, electrolyte test..." -It should not be mixed with American and British English spelling. For example, "tumours" in personal and family history and "tumor" in Laboratory examinations.

Response:

Thank you for your comments. We apologize for our unclear expression. We have noted this problem and have made corresponding corrections, see pages 126 and 133-136; The revised entire article will be sent to experts in a professional English editing company for further emollient purposes.

2.- Please state the strengths and limitations of the approach to this case in the manuscript in the discussion section.

Response:

Thank you, and this case adopts the surgical scheme of simultaneous surgical resection of sub lobes. In the discussion, the advantages are discussed in lines 241-256, and the limitations are supplemented in lines 291-295.

Reviewer #2

1.-You should present the time of the admission to your hospital and the details of follow-up period in this manuscript.

Response: Thank you very much for taking the time to review and put forward your valuable opinions. The admission times and follow-up details we will provide this section within the case summary plate are amended as follows. "A 58-year-old woman was admitted to our hospital on June 29, 2021, and……", "The patient was discharged on the 8th day after the operation, that is, on July 15, 2021. One month later, she returned to the hospital for follow-up and reexamination. Chest CT examination showed that she had recovered well, and no obvious exudation and effusion were found in both pleural cavities. Evaluation of postoperative pulmonary function showed that her forced vital capacity was 1.40 L (preoperative

value, 2.27 L) and forced expiratory volume was 1.24 L (preoperative value, 2.23 L)."

Special thanks to you again for your careful reading of our manuscript and professional comments. We tried our best to improve the manuscript and made some changes to the manuscript. These changes will not have influence on the framework of the paper. We appreciate Editors/Reviewers' warm work earnestly, and hope that the corrections will meet with approval. At the same time, we wish we can hear the positive decision/comments from the editors/external reviewers as soon as possible.

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

Best wishes

Yours sincerely

Corresponding author:

Name: Yiping Wei

E-mail: weiyip2000@hotmail.com