Dear editors and reviewers,

First of all, thank you very much for spending your time reviewing this case report. I profoundly appreciate your comments and tried to absorb your valuable opinions to make this case report more precise and professional.

To reviewer (ID 00916026): The format of the case presentation is determined by the journal politics. Therefore, I can not place the “History of past disease” before the “History of present disease”.

To reviewer (ID 02520041): Your critics are well accepted. I adapted the manuscript to all the 3 points. The sequences of the Figures 7-9 were rearranged side by side with changed description: “Figure 7-9 Continuous shrinkage of the chest wall recurrence, right pleural metastases and parasternal lymph node metastases, which are marked with arrows. 7A-C: follow-up CT at 3 mo after proton beam therapy, 8A-C: follow-up CT at 9 mo after proton beam therapy, 9A-C: follow-up CT at 13 mo after proton beam therapy. CT: Computed tomography.” The Figure 13 was altered with white background. Furthermore, I make some changes of the section “TREATMENT” on page 8:

“The patient was treated at the Rinecker Proton Therapy Center from November to December 2016. The PBT was delivered in 28 fractions (at a total dose of 64.40 Gy; relative biological effectiveness (referred to as RBE)) to the tumor lesions on the right CW, including the adjacent pleura, LN metastases in the right axillary, parasternal and mediastinal area and sternum metastasis. The superior mediastinal and retrosternal lymphatic drainage pathways and the entire sternum also received 56 Gy (RBE) in 28 fractions, concurrently (Figure 3A-D). For the purpose of accurate reproduction of the target, the patient was positioned with custom immobilization devices, consisting of vacuum cushion, breastboard and Beekley Spots as fiducial markers. To estimate the deviation of the target by respiratory motion, the patient underwent CT simulation in flat and free breathing during the planning, as well as weekly performed control CT scans during the treatment including fusion with the planning CT. We used only one irradiation field from 352 degree gantry angle with a

field size of 22.8 cm in width and 28.8 cm in length. The irradiation direction was chosen in the best way to compensate the difference of chest wall in anterior-posterior direction due to respiratory motion. The pencil beam scanning technique, depriving energy of 75-250 MeV from a superconducting cyclotron at our center, enables an intensity modulated proton therapy, which was employed with the anticipation of homogeneous target volume coverage, sparing of uninvolved surrounding tissue and OAR, as well as certain dose escalation."

To editors: Please delete the part: "Supproted by Rinecker Proton Therapy Center (RPTC), Munich, Germany". I would like to dispense with grant approval.

Sincerely,

Yi-Lan Lin