Reviewer #1:
Scientific Quality: Grade A (Excellent)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors:
I congratulate the authors for their excellent effort to pen down this paper and get it published

Dear Reviewer!

Thank you so much for you very positive evaluation of our manuscript.

On behalf of the Authors!

Mikhail Kostik, MD, PhD, Professor

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors:
The article showed us the symptoms with ILD, characteristics and treatments of the five patients. However, some questions should be answered and resolved.

Dear Reviewer!

Thank you so much for your very positive evaluation of our manuscript. Our answers (A) on your questions (Q) are below and highlighted by the yellow color.

Q1: Systemic Juvenile Idiopathic Arthritis-Associated Lung Disease is derived from Arthritis, and therefore it is recommended to add management of rheumatoid arthritis.

A1. Dear Reviewer! sJIA formally is included in the JIA as an umbrella diagnosis, but has different pathogenesis (autoinflammation) and fact that arthritis is not obligatory sign especially at onset. Provisional new sJIA classification criteria allows to diagnosis of sJIA without chronic arthritis, if arthralgia is present. We try to avoid the term "rheumatoid" when tell about systemic JIA. The 2021 ACR recommendation focused on early biologic inititiation and treatment of chronic arthritis is a secondary goal in cases if biologic fails. The information about joint involvement is in the discussion section.

Q2: In the conclusion section of this paper: Extensive rash, serositis (especially pleuritis), full-blown MAS with transaminitis, and biologic infusion reaction are the main predictors of ILD, which might be insufficiently substantiated. It is recommended that the authors make the predictive model more convincing by collecting relevant literature and related predictors;

A2. Dear Reviewer! The creation of the model was not included in our aim, because it is a case series report and not a meta-analysis. We have added some more clinical findings to the conclusion.

Q3: The authors mentioned earlier that the purpose of the study was to describe the clinical and laboratory features of the disease, but the ultimate conclusion was the management of the ILD. Therefore, it is recommended to be consitent before and after.

A3. Dear Reviewer! Thank you for your suggestion. The part of the conclusion regarding the management of LD-sJIA has replaced to the end of the discussion. The conclusion has become shorter now.

Q4: In the discussion section, it is important to focus on the clinical features of the cases and discuss them logically associated with relevant literature

A4. Dear Editor! The discussion section was changed completely according to your recommendations.

Q5: In Figure 3, the pathological mechanism should be described in the text and supported by relevant citations

A5. The short description with references was added in the discussion right after the reference of fig.3.

Q6: The grammatical descriptions are illogical in the sentences such that Trisomy 21 has a patient and the expression of "a case series report" in the title correct?

A6. Dear Reviewer! I do not see any discrepancy in it. The case series contains the information of the five patients and one of them has trisomia 21 syndrome. So it is similar in the published studies that trisomia 21 has a small part but the risk of ILD is very high (50x). I suggest the title is correct.

Dear Reviewer! I hope the manuscript has become better with your suggestions.

On behalf of the Authors!

Mikhail Kostik, MD, PhD, Professor