

Dear editors and reviewers:

Thank you for your letter and the comments concerning our manuscript titled with “*Pneumocystis jirovecii* and *Legionella pneumophila* Coinfection in a Patient with DLBCL: A Case Report” (ID number: 68506). These comments are very valuable for improving our paper and provided important guiding significance for our research. We have studied these comments very carefully and have made corrections that we hope will meet with approval. The main corrections in the paper and ours responses to your comments are as follows.

Reviewer 1

1. Lines 28-29: " The patient was a 40-year-old female with DLBCL and was admitted because of pulmonary infection." should be rephrased as " The patient was a 40-year-old female with DLBCL and was admitted due to pulmonary infection."

Answer: Thank you for your advice. This statement has been modified according to your suggestion.

2. The cut-off levels for the definition of abnormal results in the center should be stated for the investigation results (WBC, CRP, et cetera).

Answer: Thank you for your advice. We added normal values for comparison in the revised manuscript.

3. Line83 , 89 and 150 : " After anti-infection treatment" should be rephrased as " After anti-infective treatment"

Answer : Thank you for your advice. These statements have been modified

according to your suggestion.

4. Which NGS technology? Why did the authors choose that platform?

Answer: Thank you for your advice. We made a detailed supplement in the revised manuscript.

5. More details are needed, such as sequencing depth, Gb per run of this sample to obtain enough data for downstream analysis, and database used for mapping the sequence.

Answer: Thank you for your advice. We have made a detailed supplement to the details of next-generation sequencing in the revised manuscript.

6. All keywords should be provided according to MeSH terms at:
<http://www.nlm.nih.gov/mesh/MBrowser.html>.

Answer: Thank you for your advice. We adjusted the keywords according to your suggestion.

Reviewer 2

In my opinion, the authors could have worked better on the clinical case in question, they should report the value of pancreatic enzymes and also how the diagnosis of pancreatitis was elucidated (after all, it could be a medicated pancreatitis). They could also better explain the time spent in the intensive care unit (ICU), ward, possible complications of using CHOP. In general the term is relevant and the case is very rich and can be better clarified.

Answer: Thank you for your advice. In the introduction and follow-up part, we revised and supplemented according to your suggestions.