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Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled “ **Immune checkpoint inhibitor-associated arthritis in advanced pulmonary adenocarcinoma: A case report and literature review**” (Manuscript NO: 77486). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as following:

Responds to the reviewer's comments (COMMENTS TO AUTHOR):

**Reviewer Anonymous:**

1. The case will be more educational if authors could provide photographs of the affected joints BEFORE OR/AND AFTER treatment and DURING REMISSION phase

*Response: We agree that it will be more educational if we could provide photographs of the affected joints before or/and after treatment and during remission phase. Unfortunately, we didn't take relevant photographs at that time.*

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**Reviewer Francesco Tovoli:**

1. Page 2, Abstract conclusions: "our our". Please correct

*Response: We have corrected it.*

2. Page 3, introduction: "senile arthritis". Do the Authors mean osteoarthritis? In case, please use this term. Also, it is not so easily confused as the timing and characteristics of symptoms differ from that of inflammatory arthritis. I suggest to state that physicians not expert in rheumatic disease could confuse the two conditions.

*Response: We used osteoarthritis instead of "senile arthritis". We're meant to state that patients with osteoarthritis are easily confused when they have symptoms of immune checkpoint inhibitor-associated arthritis. We have corrected it .*

3. Page 3, introducton: "Although in most cases..." Very long sentence with wrong punctuation. Please revise.

*Response: We revised the sentence and corrected it.*

4. Page 4, history of present illness: "From June 2020 to April 2020". Please check and correct.

*Response: We are very sorry for our incorrect writing. It was "From June 2020 to **August** 2020". we have corrected it.*

5. Page 4, history of present illness: "according to CTCAE". Which version of CTACAE?

*Response: CTCAE v4.0, we added the version*

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6. Page 5, physical examination. For each joint, please report the presence/absence of all the following: spontaneous pain, tenderness, swelling, functional limitation, heat. Also, were these findings symmetric or asymmetric? I also suggest to provide these information in a dedicated paragraph: was the pain present when the patient wake up? Was it present during the night? Approximately, after how many minutes after mobilization did the pain abate? All of these information are key in describing any arthritis.

*Response: We have re-written this part according to the Reviewer ' s suggestion*

7. Page 6, follow-up. The Authors state that the symptoms improved but persisted. Please detail whether the symptoms steadily improved after steroids or completely resolved and then reappeared after steroid tapering/stop.

*Response: The symptoms of arthritis steadily improved after steroids treatment and completely resolved 4 mo after withdrawal of immunotherapy.*

8. Page 6, follow-up. The most recent follow-up was in November 2021. Given that patients with lung cancers are evaluated at least every 6 months, the Authors should provide up-to-date information to increase the quality of their report.

*Response: The most recent follow-up was in June 2022, and we*

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*updated it accordingly.*

As to the language polishing, I had send the manuscript to a professional English language editing company “MedE Editing Service” in May 2022. Since our manuscript has only been slightly revised, we just let a English-speaking expert polished the revised manuscript.

We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval.

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

With best regards,

Yours sincerely,

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