Dear Editor

Thank you very much for your decision letter and additional advice on our manuscript entitled "**Gefitinib improves severe bronchorrhea and prolongs the survival of a patient with lung invasive mucinous adenocarcinoma: A case report**". We also thank the reviewers for their review of our revised manuscript and further comments. We are pleased to have the opportunity to address their additional concerns, and as before, all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the latest comments are listed below this letter.

This revised manuscript has again been edited and proofread by a professional medical editing company *Medjaden* Inc..

We hope that this further revised draft of the manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Rong Qiu

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer 1

1、Introduction: • The authors must describe the mechanics of the action of gefitinib in the introduction.

Response: Thank you for your insightful suggestion. We have described the mechanism of action of gefitinib in the Introduction section

Gefitinib is a reversible EGFR targeted tyrosine kinase inhibitor that competes for Mg-ATP binding sites in the EGFR catalytic region, thereby blocking signaling, inhibiting cancer cell proliferation, and inhibiting mitogen-activated protein kinase activation, inducing cancer cell apoptosis.

2、Discussion: • The authors must highlight that this is the first report that describes an adequate response with gefitinib in this clinical setting.

Response: Thanks for your thoughtful suggestion. New antitumor drugs are constantly being introduced, completely rewriting the treatment pattern of advanced lung cancer, prolonging the survival of patients, and promoting the process of chronic lung cancer. The incidence of invasive mucinous adenocarcinoma of the lung is still relatively low. In clinical practice, some successful cases of gefitinib in the treatment of lung invasive mucinous adenocarcinoma have been reported. Of note, some studies have reported contradictory results of gefitinib treatment for invasive mucinous adenocarcinoma of

the lung without *EGFR* mutation. Therefore, we hope that our case report can provide reference for the diagnosis and treatment of this disease.