

Dear Editor,

Thank you for carefully reviewing our manuscript previously titled **“Primary pulmonary plasmacytoma accompanied by overlap syndrome: A case report”** for possible publication in the World Journal of Clinical Cases. We are grateful to you and your reviewers for their constructive critique. Those comments are valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied the reviewers' comments carefully and have made corrections which we hope be approval. We have revised the manuscript with track changes, and have attached point-by-point responses detailing how we have revised the manuscript in response to the reviewers' comments below.

Thank you for your consideration and further review of our manuscript. Please do not hesitate to contact us with any further questions or recommendations.

Yours Sincerely,

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### **Reviewer 1**

Very important case, well written, without plagiarism. You should add a reference in the first sentence of discussion.

[Answer: Thank you very much for your suggestion. We have add the reference in the first sentence of discussion.](#)

### **Reviewer 2**

#### Comments to the author

This paper is a case report of a primary pulmonary plasmacytoma (PPP) with overlap syndrome (OS).

It is a very rare and interesting case. However, the paper was too long, and there were many unnecessary descriptions, which made it very difficult to read.

The problems are listed below, so please reconsider them.

#### ①Case Presentation

1) Smoking history is unknown. Cystic fibrosis is also suspected from the history of lung disease, but should it be denied? Details of cirrhosis are unknown, but does this patient have primary biliary cholangitis/cirrhosis?

Answer: Thank you very much for your question. The patient denied the history of smoking. The patient has had pulmonary symptoms for more than fifty years, but she denied that she had received any regular treatment, we have corrected this description. We are terribly sorry for our carelessness, according to relevant examinations, she was diagnosed with autoimmune hepatic cirrhosis.

2) What kind of treatment was performed in this case after presenting OS, and during the course of this process, did a PPP happen to be found? I'm not sure.

Answer: Thank you for your question. The patient was diagnosed with OS in 2017, and she was mainly treated with glucocorticoids (prednisone) and immunosuppressant (cyclophosphamide), but PPP did not happen to be found at that time.

3) The important points in the diagnosis of PPP are CT images and histopathological findings. There are too many other detailed data in this paper. Since it is a case of OS, it is unavoidable that there are many abnormal values to some extent, but negative data, MCH, MCHC, etc. should be omitted, and Figure 2 is also considered unnecessary.

Answer: Thank you very much for your suggestion. We checked the data and deleted the negative data, and Figure 2 has been deleted.

4) The content of treatment for this patient is chemotherapy after surgical resection, but it is not described in Treatment and is described only in Discussion.

Answer: Thanks again for your comments. The content of postoperative chemotherapy has been added to the treatment section of the article

## ②Discussion

1) The general explanation for the diagnosis of extramedullary plasmacytoma is too long, and similar contents are described in two places. A description of the diagnosis of PPP is sufficient.

Answer: Thank you very much for your suggestion. We deleted the explanation of diagnosis of EMP, and simplified the description for the diagnosis of PPP.

2) Regarding the treatment of PPP; this time, not only surgery, but the explanation that 6 courses of chemotherapy were repeated in VAD regimen is not clear. This case is Stage I, and if curative resection can be completed, it may be terminated or local irradiation may be appropriate. I would like to know why it was necessary to perform 6 courses of VAD regimen which is rarely used in MM now.

Answer: Thank you very much for your question. We are terribly sorry for our carelessness, and we checked the patient's medical records again. We admit that this case is Stage I, curative resection or resection combined with

radiation therapy is appropriate. Since ECT showed an abnormal concentration of  $^{99m}\text{Tc}$ -MDP, we suspected that the bone lesions were caused by plasmacytoma. After detailed and thorough communication, the patient decided to undergo postoperative chemotherapy. We admit that usual chemotherapy regimens suggest use of melphalan and prednisone, and we also informed the patient and her family members, but our patient finally received the VAD regimen unfortunately, mainly because of economic reasons. During the four courses of VAD regimens, adverse reactions, such as bone marrow suppression and drug-induced hepatitis, appeared. After communicating with the patient and her families, we changed the chemotherapy regimen, followed by bortezomib along with dexamethasone for two courses.

### **Reviewer 3**

Dear authors Thanks for your good article. This article has some mistakes, and I listed my comments in the article file. Please find the attached file, read carefully and make corrections. Good luck.

Answer: We are grateful to you for your carefully reviewing and revising our manuscript previously. We have studied your comments carefully and have made corrections, please see the revised version of manuscript. Thank you again sincerely for your great help.