

Dear Editors and Reviewers.

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Nedaplatin-induced syndrome of inappropriate secretion of antidiuretic hormone (SIADH): A case report and review of literature" (Manuscript NO.: 62920, Case Report). 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 which we hope meet with approval. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

#### SCIENTIFIC QUALITY:

Reviewer 1#

Specific Comments to Authors: The authors have discussed about a case of Nedaplatin induced SIADH and offers good learning point. However it needs more input in the paper on the laboratory data (mainly the sodium trend) "Need to describe the sodium level trend. What is the usual protocol for checking sodium and other electrolyte following chemotherapy? Was metabolic panel checked before she had her first hyponatremia? "

Response to comment: Need to describe the sodium level trend.

**Response:** It is really true as the Reviewer suggested that we have not describe the sodium level trend. Thus, we have supplemented the trend in Figure 4 according to the Reviewer's good instructions.

Response to comment: What is the usual protocol for checking sodium and other electrolyte following chemotherapy?

**Response:** We usually check the electrolyte once a week after chemotherapy in clinical practice, but if the patient has obvious symptoms or severe vomiting or diarrhea, it is necessary to test the electrolyte in time. For our patient, we checked the electrolyte four

days after the initiation of nedaplatin as she had sudden-onset convulsions, palpitations and sweating.

Response to comment: Was metabolic panel checked before she had her first hyponatremia?

**Response:** We agree the reviewer's good advice. Yes, it is vital to check metabolic panel before her first hyponatremia. We have perfected important laboratory examinations before chemotherapy and her serum electrolytes (including sodium) were almost normal. We have added the relevant results to the laboratory examination section of the manuscript.

#### LANGUAGE QUALITY:

Response to comment: Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

**Response:** According to the reviewer's good instruction, we have revised the whole manuscript carefully and tried to avoid any grammar or syntax error. In addition, we have asked AJE to editing again and several colleagues who are skilled authors of English language papers to check the English. We hope that the language is now acceptable for the next review process.

#### EDITORIAL OFFICE'S COMMENTS:

Response to comments: 5 Issues raised: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

**Response:** We are very appreciated for the editorial office's comments. We provide the original figure documents. Meanwhile, we have arranged the figures using PowerPoint. We hope that the figures will be acceptable.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the corrections will meet with approval. Once again, thank you very much for your comments and suggestions. We look forward to your information about my revised papers and thank you for your good comments.

Yours sincerely,

Lei Tian