Peer Review File
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Reviewer A

Major comments

1. I believe that could be very important to mention the inclusion criteria of rare ILD in method section (Epidemiology? Lack of studies?) and how you define “rare” in this study. IPF is considered a rare disease but it is the most frequent ILD, so you should specify the reasons of your selection.
Reply 1: We agree with the reviewer that there are no accepted operational criteria to define "rare interstitial lung diseases".

For the purpose of this Review, all authors agreed to include as "rare" interstitial lung diseases with low prevalence in the published literature and based on the authors' own experience. We have also included this clarification in the manuscript. (Page 5, lines 84-85)

Minor comments

1. The sentence “Among the over than 200 causes of ILD, there is a group of entities that are less well-known and less prevalent. Recent studies have revealed that some of these entities, such as pleuroparenchymal fibroelastosis, are more common than initially thought” [lines 45-47] needs a reference at least.
Reply: We included the reference as requested (Pag 4, line 70)
2. I suggest to edit “less well-known ILD” as “less studied ILD” [line 51]
Reply: we have modified the sentence as advised. (Pag 4, line 75)
3. Acronyms as (PPFE) and (LIP)in line 72 were already mentioned in method section. Redundant acronym may worsen the reading, so please check them.
Reply: we have corrected our text as suggested (Pag 5, line 99)
4. I suggest to edit this sentence “GLILD is an underdiagnosed entity and is often mistaken for sarcoidosis, granulomatous infections, ILD associated with autoimmune diseases (e.g. Sjögren syndrome or rheumatoid arthritis), HP, and lymphomas” [lines 422 – 424] underlining the higher odds about a different diagnosis instead using “mistaken”
Reply: We have revised the content as recommended. (Pag 22, lines 495-497)

Reviewer B

I have reviewed the manuscript, "Rare Interstitial Lung Diseases: A Narrative Review," and I am pleased to confirm that it is well-written and deserving of acceptance in its current state.

For the final revision, it is recommended to enhance the description of pathological findings in Acute Fibrinous and Organizing Pneumonia (AFOP) by acknowledging that specimens obtained through procedures such as Endobronchial Ultrasound (EBUS) or CT-guided biopsy may occasionally lack adequacy for an accurate diagnosis.
Reply: We have modified the text as suggested. (Pag 13, lines 285-288)