

Author Response 1

Reviewer: 1

Comments to the Author

In the present study, Kanaji et al perform a retrospective analysis of the outcome of SCLC patients in relation to the diagnosis of ILD.

Even if the sample size is considerable, this study is not unique (see the list of missing references below), and confirms previous findings. In addition, the major limitation is the diagnosis of ILD, which was solely based on radiological features at HRCT.

Response: Thank you very much for your careful reading our manuscript and providing some helpful comments. We added the suggested references in our manuscript. Our study still includes the largest number of SCLC patients. Some results such as lower response rate in IPF patients have not been shown in previous studies. The diagnosis of ILD was based on HRCT findings, clinical features, and hematological findings without pathological findings. We describe this issue as a limitation of this study.

Table 1. the mean DLCO in patients with ILD was similar to non-ILD cases, which is very strange. In addition, the values are very high (ca 76-78%). How do the Au explain this finding?

Response: The mean %DLCO in non-ILD and ILD patients is 83.9% and 76.4%, respectively. As the reviewer pointed, there is no statistical significance between them. We think that there are two major reasons explain this finding. First, only few patients measured %DLCO (97 of 269 non-ILD and 30 of 97 ILD patients). The number of patients are shown in Table 1. Second, some cancer status absolutely affect pulmonary function. In addition, the reviewer pointed out relatively high values in %DLCO. The patients who received only best supportive care were excluded in this study. Such patients might have lower performance status and lower pulmonary functions. Another reason of high %DLCO value might be to include not only UIP pattern (n=34) but also probable UIP pattern (n=41) as IPF.

Thoracic radiotherapy is usually discouraged in patients with ILD. What radiation doses did the patients with LD receive? What was the toxicity profile in the patients treated with radiotherapy, according to the ILD status?

Response: As the reviewer mentioned, thoracic radiotherapy is usually discouraged in patients with ILD. In this study, 41 patients had LD stage with ILD. Of them, only 18 (44%) received thoracic radiotherapy. On the other hand, 103 (83%) of 124 patients who had LD stage without ILD received thoracic radiotherapy. There is a significant difference between these rates (Table 2). All patients received 45 Gy in total. Regarding toxicity, no chemoradiotherapy-related death was observed. One patient experienced acute exacerbation of ILD after irradiation and during 3rd cycle of cisplatin and etoposide, with recovery by corticosteroids. We added this information in the revised manuscript.

The discussion should be shortened, and the results of the current study should be put more in context with the results from other experiences.

Response: We shortened and revised the discussion as the reviewer suggested.

The following references are missing

PMID 31186636
PMID: 31874284
PMID: 31442290

Response: Thank you very much. We added these references.

Reviewer: 2

Comments to the Author

The Authors reported clinical features of patients with SCLC and ILD.

This paper is well-written and makes an important message for clinicians.

Although this study is a retrospective study, it is very important because it has a large number of cases and is data for treatment of SCLC cases combined with IP in real-world setting.

Response: Thank you very much for your careful reading our manuscript and providing some helpful comments.

Minor comment

1. In Table 3, the author should also add non-IPF data.

Response: We added non-IPF ILD as suggested.

2 In the supplementary table, the author indicated the frequency of acute exacerbations during first line chemotherapy. What is the frequency of acute exacerbations in all treatment courses for small cell lung cancer?

Response: During all treatment courses, nine (12%) of 75 IPF patients had acute exacerbation of IPF. Of them, five patients (56%) died without recovery from the acute exacerbation of IPF. We added this information in the revised manuscript.

3. I would like to see the baseline KL-6 data. If data exists, please add to Table1.

Response: We added KL-6 data in Table 1, although the number of available data is limited.

Reviewer: 3

Comments to the Author

Thank you for conducting and formulating this interesting study.

The subject of ILD and lung cancer is still illusive and no formal guidelines exist.

Major revision:

1. Authors should think about dividing their cohort in 3 groups and presenting all data in tables and text as such ; Non ILD / Non IPF ILD / IPF . Moreover from oncological perspective ED and LD should be addressed as well

Response: Thank you very much for your careful reading our manuscript and providing some helpful comments. We added non-IPF ILD data as well as non-ILD and IPF data in revised Table 1, 2, and 3. The rate of chemoradiotherapy in LD stage and the response rates in LD and ED are also described.

2.Exclusion of resectable and palliative cases causes the issue discussed to be less generalizable - meaning we are talking only about systemic chemo/rad treatment for SCLC w/wo ILD /IPF - title of study should convey that

Response: This study focused on SCLC patients treated with chemotherapy or chemoradiotherapy. We have changed the title to "Clinical features of patients with small cell lung cancer and idiopathic pulmonary fibrosis treated with chemotherapy or chemoradiotherapy".

Minor :

1. Methods - who makes the decision regarding what kind of treatment each individual receives?

Response: This is a retrospective study and there were no clear criteria for decision of the treatment. In most cases, treatment strategy was discussed by several pulmonologists and the attending physician usually made a final decision of each treatment. We added this information.

Several paragraphs have errors in grammar and terminology , examples:

Page 3 line 38-42

Page 6 - "rate of patients" should be "number of patients"

Page 7 line 17-18 "frequency " is incorrect

Please address the above mentioned remarks and submit your study for further revision

Response: Thank you very much. We revised these parts.