

Peer Review File

Article information: <https://dx.doi.org/10.21037/apm-22-199>

Reviewer A

I would like to congratulate the authors on the topic of this manuscript taken up. The treatment of the patients with advanced thymoma and respiratory insufficiency due to myasthenia gravis is rare, but significant clinical problem.

However, I have a few minor comments.

What was the level of antibodies against acetylcholine receptors (AChR)

What was the immunoglobulin dose?

A more detailed reference to the chemotherapy regimen would be valuable. The carboplatin and paclitaxel regimen is usually given every 21 days. What was the different dosing based on?

Have you used steroids during a myasthenic crisis? If yes - in what dose and do you think that they had an additional impact on regression of changes and improvement of the patient's condition?

Have you used acetylcholinesterase inhibitors for the treatment?

Please note, that point "5" of the references is incomplete - detailed citation data is missing.

Comment 1: What was the level of antibodies against acetylcholine receptors (AChR)

Reply 1: The level of antibodies against acetylcholine receptors (AChR) has markedly decreased (from 20 noml/L in the preoperative period to 3.5 nomol/L in January 2022).

Changes in the text: page 1 line 43, page 2 line 78-80

Comment 2: What was the immunoglobulin dose?

Reply 2: 0,4 g/Kg/die

Changes in the text: page 2 line 45

Comment 3: The carboplatin and paclitaxel regimen is usually given every 21 days.

What was the different dosing based on?

Reply 3: the weekly schedule has made the treatment more tolerable

Changes in the text: page 3 line 103

Comment 4: Have you used steroids during a myasthenic crisis? If yes - in what dose and do you think that they had an additional impact on regression of changes and improvement of the patient's condition?

Reply 4: yes, the patient was treated initially with methylprednisolone 80 mg iv, then progressively reduced as symptoms improve.

Changes in the text: page 2 line 77-78

Comment 5: Have you used acetylcholinesterase inhibitors for the treatment?

Reply 5: yes, they were introduced at discharge based on the neurologic evaluation

Changes in the text: page 2 line 77-78

Comment 6: Please note, that point "5" of the references is incomplete - detailed citation data is missing

Reply 6: Conforti, F.; Marino, M. Clinical management of patients with thymic epithelial tumors: the recommendations endorsed by the Italian Association of Medical Oncology (AIOM). *ESMO Open*. 2021; 6(4):100188.

Changes in the text: page 3 line 117-118

Reviewer B

A case with a thymoma and MG in a complicated situation was presented. Treatment is well designed, planned and executed. I suggest authors to revise the images and place axial images as well in a single figure by naming them as a,b,c,d. Images also should represent the lymph nodes and pleural disease. Figures do not correspond with underwritings.

A discussion with HIPAC is also recommended.

Comment 1: A discussion with HIPAC is also recommended

Reply 1: HIPAC is an approach we prefer for patients with pleural recurrence in excellent general condition. So the multidisciplinary team did not consider it indicated.
