

Peer Review File

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Reviewer A

Comment 1: It would be informative if you added CT chest images before and after starting glucocorticoids.

Reply 1: we have added CT chest images before and after starting glucocorticoids, If additional pictures are needed, we will be happy to provide them.

Changes in the text: see Page 20,21.

Comment 2: the dose and duration of glucocorticoid therapy would be important to mention.

Reply 2: According to your suggestion, we have mentioned the dose and duration of glucocorticoid therapy.

Changes in the text: see Page 7, line 24-25;Page 8, line 5-6.

Comment 3: Another fact that I would like to know is if the patient ever needed Oxygen while being inpatient or on discharge, as well as his functional status after treatment would be good to know.

Reply 3: The patient's oxygenation index was 206 when he was admitted, so we gave him 3L/MIN oxygen inhalation. At the same time, after the patient was diagnosed with pulmonary sarcoidosis, we gave him glucocorticoids for treatment. After one week, the patient's cough and dyspnea improved significantly, and the oxygen permeability was 95% without oxygen inhalation, and then discharged from the hospital. After discharge, we continued to follow up the patient. The patient's cough and dyspnea further improved, and the finger pulse oxygen permeability was over 98% without oxygen inhalation. According to your suggestion, we have added the above contents in the article.

Changes in the text: see Page 6,line11;see Page7,line26-29.

Comment 4: Finally, did the cryotherapy used for biopsy affect the quality of the histopathology report in any way?

Reply 4: Compared with forceps biopsy, cryobiopsy can ensure the integrity of the tissue structure as much as possible and reduce the squeeze and deformation of tissue

cells caused by forceps. At the same time, the specimen obtained is larger, which can make the morphological characteristics of tissue sections clearer and thus more precise. It is beneficial to judge tissue pathology by pathologists, so cryobiopsy will not affect the quality of the histopathology report in any way.

Reviewer B

Comment 1: Are you describing the novelty of the disease process or the biopsy type.

Reply 1: What we want to describe is the novelty of the disease process and the type of biopsy. The reasons are as follows: Firstly, in China, according to existing literature reports, tuberculosis is the most common cause of Fibrosing mediastinitis (FM), and sarcoidosis is rare. Especially when encountering atypical sarcoidosis, it is often very difficult for clinicians to diagnose. In our case It is FM secondary to atypical sarcoidosis and has been rarely reported at home and abroad. Secondly, although it has been reported that endobronchial ultrasound -Guided Cautery-Assisted Transbronchial Mediastinal Cryobiopsy (EBUS-CA-TBMCB) has a higher positive rate than Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) in mediastinal diseases and is not inferior to EBUS-TBNA in safety (doi: 10.1183/13993003.00055-2021), it has not been included in expert consensus or clinical guidelines. We hope that the importance of EBUS-CA-TBMCB in the etiological diagnosis of mediastinal diseases cannot be ignored in the future.

Comment 2: If biopsy is the cornerstone of this report, additional details about technique should be included

Reply 2: According to your suggestion, additional details about technique have been included in the manuscript.

Changes in the text: see page7,line 8-20.

Comment 3: Please include any microbiology data. The case could represent other fungal infection associated with FM

Reply 3: According to your suggestion, we have added microbiology data.

Changes in the text: see page7, line 21-22

Comment 4: The term "atypical sarcoidosis" needs to be elaborated - was this atypical presentation of sarcoidosis or atypical pathology on slides

Reply 4: According to your suggestion, we have elaborated the term "atypical sarcoidosis", which is the atypical presentation of sarcoidosis.

Changes in the text: see page1, line15-16.

Comment 5:" Chest" enhanced CT probably should read "Contrast" enhanced CT

Reply 5: According to your suggestion, we have replaced chest enhanced CT with contrast-enhanced chest CT.

Changes in the text: see page 2, line 11, page 6, line 4, page 8, line 22, page 10, line 16,18, page11, line8.

Comment 6: The authors do not provide enough data to support the conclusion that EBUS CA TBMCB is the preferred method. Please consider rewording

Reply 6: According to your suggestion, we have replaced “preferred method” with “effective method”.

Changes in the text: see page 2, line 15, page 12, line 22.