Object: Submission of a revised manuscript

Dear Editor,

We have revised our manuscript entitled: « **Pembrolizumab as a novel therapeutic option for patients with refractory thymic epithelial tumor: A case report** » according to reviewer comments. Please find below the point-by-point response.

1) Introduction: "... and immune checkpoint inhibitors (anti-programmed cell death protein 1/programmed death-ligand 1 [PD-L1] antibodies) have provided promising results but further data are required to confirm their efficacy and safety profiles". Please report the appropriate references.

→ **References have been added**

2) Discussion: "High expression of PD-L1 (> 50%) is known to provide a better response to immune checkpoint inhibitors than low or no PD-L1 expression". This sentence might be true for thymic carcinoma but not for other neoplasms (you can refer to PMID: 31655605).

→**Indeed, the sentence concerns thymic carcinoma. A reference has been added.**

3) Discussion: I agree that PD-L1 expression is not a good biomarker. Did the Authors evaluate the tumour mutational burden (TMB)?

→**The TMB has not been evaluated**

4) Case description: The authors do not mention computed tomography (CT) data after the start of immunotherapy, but only PET. If performed, please mention also tumour dimensional burden and not only metabolic data.

→ **We only carried out PET scans for follow up; no other CT scans were performed.**

5) Case description: Form the previous point, the readers might benefit from a graph illustrating the tumour burden as sum of the target lesions according to RECIST 1.1, or at least maximum SUV data, from the start of the frontline systemic treatment to the last follow-up.

→ **A graph has been added.**

6) Discussion: "The disease progression was confirmed by CT scan at 4-6 wk". The reason for this sentence is unclear, please check.

→**The sentence has been deleted**