Author’s response to reviews

Title: Possible value of antifibrotic drugs in patients with progressive fibrosing non-IPF interstitial lung diseases

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We thank a lot to the reviewers for their nice and very useful comments.

Reviewer 1:
- “The benefit of figure 4 for this case series is unclear to me. Does this represent the 1-year survival for the 11 patients against a cohort of IPF of which size? I would omit this figure or at least add information into the figure legend.”:
-> Many thanks for your great suggestion. We added additional data to figure 4 reporting now showing the number of IPF patients. We think that, even if the comparison between these two different cohorts may appear disproportionate, it could be of some benefit to highlight the similar mortality rate of the two diseases and would therefore suggest to keep this figure.

Reviewer 2:

- Page 9, line 153-155: "To our knowledge, our report on the effects of antifibrotic drugs in non-IPF fibrosing and progressive ILDs is the first reported experience on the use of antifibrotics in this group of PF-ILDs".

There are other small case series.

-> Thanks for your comment, we modified this sentence according to your suggestion as follows “To our knowledge, our report on the effects of antifibrotic drugs in non-IPF fibrosing and progressive ILDs is the largest and the most heterogeneous reported experience on the use of antifibrotics in this group of PF-ILDs [28-30].” and we have also cited these works in the paper.

-Page 9, line 157-158

"Similarly, also longitudinal changes in the 40 and 80 percentiles of attenuation histogram demonstrated a progressive increase before antifibrotics initiation and a stabilization after their initiation (Fig. 2)"

This statement should be better explained in the Results section.

-> Thanks for this comment, we improved the text with these two sentences in results and in the discussion sections.

“Visual assessment of HRCT findings at baseline are shown in table 1 while Fig.2 reports automatic histogram-based assessment of 40th and 80th percentiles over the time. According to this result, a significant increase of both indices was observed before the initiation of antifibrotic therapy with subsequent stabilization.”

“Similarly, also longitudinal changes in the 40th and 80th percentiles of attenuation histogram, that represent promising radiologic parameters for monitoring the disease extent, demonstrated a progressive increase before initiation of antifibrotic drugs and a stabilization after their initiation highlighting a worsening of low density areas (40th percentiles) such as ground-glass areas and of high density areas (80th percentiles) such as fibrotic areas (Fig. 2)."