Reviewer's code: 00004208 had no questions.

Answers to the questions of Reviewer coded as: 00723142.

The number of cases is only 3 to draw any statistically significant conclusions. The two of your patients were having Autoimmune Connective tissue disorders. How does the lesions of these disorders appear on PET scan? Were all these lesions biopsied? How you exclude that these lesions were no autoimmune CTD Lesions which responded to cytotoxic, steroids or regress spontaneously? The lesions were not responsive to CHOP-R which is a gold standard in any NHL. They rather responded to GMP with high dose steroids? What is the explanation for that?

Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) is a very rare variant of non-Hodgkin lymphoma and represents less than 1% of all non-Hodgkin Lymphomas. The inclusion of patients was performed in one Institute that could not, unfortunately, provide the sufficient number of patients to conduct any statistical research.

Combinations of SPTCL with autoimmune diseases, including systemic lupus erythematosus, juvenile rheumatoid arthritis, Sjogren disease, type I diabetes mellitus, and others, were found in 20% of patients. In this regard, particular attention was paid to the clinical and laboratory examination of patients to identify the autoimmune disease. One patient had autoimmune thyroiditis, but without any signs of autoimmune **connective tissue disorder** (CTD). Another patient had a slight increase in antibodies to the La/SS-B titer, however, without Sjogren disease or other autoimmune CTD.

SPTCL was diagnosed based on a histological and immunohistochemical study of the skin and subcutaneous fat tissue biopsy, which was performed in all cases.

All patients before treatment underwent the whole-body FDG PET/CT which showed multiple foci (sometimes separated and sometimes merging) of increased uptake in the subcutaneous fat.

The course of the disease in all patients was steadily progressing without spontaneous regressions.

Although the gold standard in treating SPTCL has not been developed traditionally the muti-agent chemotherapy is used, predominantly by the CHOP(-like) course. Willemze R et al. show that initial treatment with CHOP(-like) courses resulted in a sustained complete remission in 64% patients. However, treatment with prednisone or other immunosuppressive agents provided similar results.[1] In the case No. 1 the patient before admission to our Institute received high doses of prednisone, which led only to the temporary control of the disease. As a first-line therapy, we unsuccessfully used the CHOP in one patient and FCM in another patient. The use of GEM-P chemotherapy as the first- and second-line therapy resulted in a complete metabolic response that can be considered as equivalent to complete remission in all patients. Taking into account the fact that high doses of glucocorticosteroids are also used in the frame of the CHOP, one can hypothetically assume that it is the combination of platins and gemcitabine provided the main effect in the elimination of tumor cells.

1. Willemze R, Jansen PM, Cerroni L, Subcutaneous panniculitis-like T-cell lymphoma: definition, classification, and prognostic factors: an EORTC Cutaneous Lymphoma Group Study of 83 cases. Blood 2008; 111: 838–845 [PMID: 17934071 DOI: 10.1182/blood-2007-04-087288]