Dear Editor:

We are resubmitting the Manuscript NO: 57883 entitled "Acute Leukemic Phase of ALK-Anaplastic Large Cell Lymphoma: A Case Report and Review of the Literature" to "World Journal of Clinical Cases". Our responses to the comments by the reviewers are outlined below. Please also see the revised manuscript for details. For easily reading, we use the TRACK function of MICROSOFT WORD. Please simply select “Accept changes” to get rid of the TRACK markers if you do not like the tracks.

Reviewers' comments:

Reviewer #1: This paper describes a patient with ALK- ALCL who had died of leukemia due to the rapid progression of the disease. An unfortunate outcome, but an important case report that should be kept for posterity.

1) What was findings of the bone marrow when the lymph node was biopsied two months ago? It is still unknown, but was there any abnormality in the peripheral blood at that time?

Response: At the first admission, the peripheral blood routine test showed: WBC 3.02 $\times 10^9$ / L, lymphocytes 0.16 $\times 10^9$ / L, hemoglobin 132 g / L, platelet count 135 $\times 10^9$/L. The patient refused to undergo bone marrow aspiration. Therefore, it was not clear whether the bone marrow is involved. We have modified the revised manuscript accordingly.

2) How fast the disease progressed in 2 months? It is advisable to show what can be roughly understood from the numerical value of IL-2 receptor and/or changes on CT.

Response: The patient was not treated after the first discharge, and the clinical symptoms gradually worsened, with lymphoma leukemia as the main manifestation. Unfortunately, IL-2 receptor was not monitored and CT examination was not performed.

3) Although there are few case reports, is it possible to say the difference between ALK+ and ALK- regarding similar cases? I would like the authors to add a little more consideration.

Response: ALK-ALCL is common in middle-aged and elderly males, while ALK+ALCL is more common in young people less than 30 years old or children. Except for ALK, the morphology and immunohistochemistry of ALK-ALCL are similar to ALK+ALCL. However, ALK-ALCL shows different prognosis according to different gene rearrangements, which can be divided into DUSP22 (6p25.3), TP63 (3q28) rearrangement or all-negative patients. The 5-year overall survival rate in DUSP22 rearrangement patients can reach 90%, while is 17% in TP63 rearrangement patients. The average overall survival rate is 40 ~60% in ALK-ALCL patients, much lower than that in ALK+ALCL.

We have further discussed this in the Discussion section of the revised manuscript.

Please check!

Reviewer #2: Authors report described ALK-negative anaplastic large T-cell lymphoma(ALCL) with leukemic phase. Leukemic phase is a late phase of malignant lymphoma, and its prognosis is exremely poor. I want to know two points about this case.

1. If authors have any information about the molecular analysis on disease aggressiveness, such as FISH or genetic mutation, please describe it.

Response: Unfortunately, the patient did not undergo molecular genetic testing. We have further discussed this in the Discussion section of the revised manuscript. Please check!

The reviewer raised a very good point. We will do as suggested in future studies.

2. How do you think about the lymphoadenopathy before the diagnosis of ALK-negative ALCL? In B-cell lymphoma, transformation is well known events. Is this case transformation? These information or author's idea are worth describing for the readers.

Response: The patient had enlarged lymph nodes for 2 years, but did not receive systematic diagnosis and treatment. After definite diagnosis, the patient quickly progressed to the leukemia stage. The pathological results of the lymph nodes was EBER (-) and no other B cells were observed. There was currently no evidence that the leukemia was transformed from B-cell lymphoma. We have further discussed this in the Discussion section of the revised manuscript. Please check!

Editorial Office's comments

5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Provided.

(3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Provided.

(4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: Modified.

(5) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the

“FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Modified.