SPECIFIC COMMENTS TO AUTHORS

The overall logic and structure of this article are confusing, and the authors need to carefully check the article and make serious modifications.

Response: Thank you for the positive feedback regarding our manuscript and for your constructive criticism. We have carefully read the comments and have revised/completed the manuscript accordingly. Our responses are given in a point-by-point manner below. All the changes to the manuscript are highlighted in yellow. We hope that, in this new form, the manuscript will be suitable for publication in the *World Journal of Clinical Oncology*.

1. The "Abstract" section is similar to the "Introduction" section. The authors need to rewrite the "Abstract" section to ensure that the content is suitable for publication.

Response: Thank you for your suggestion.

2. The abbreviations of proper nouns appearing in the article can only be marked with brackets when they first appear in the article.

Response: Thank you for your suggestion. Abbreviations were defined the first time they appear in the paper. In addition, we have conceived a list of abbreviations at the end of the paper.

3. PVT is not the focus of this article, so the part "BRIEF OVERVIEW OF PVT" should be deleted.

   Response: Thank you for your suggestion. This section was deleted as instructed.

4. In the section "MANAGEMENT OF BCS IN MPNS", there is a grammatical error in the sentence "The primary risk associated with stenting is that exclusion of the vessel that the stem is placed in is common". Please check and modify it.

   Response: Thank you for your suggestion. Corrected to: The primary risk associated with stenting is the risk of reocclusion.

5. In the "MANAGEMENT OF BCS IN MPNS" section (Line 9-10 on page 25), it is more reasonable for the authors to change "liver cell" to "hepatocyte". In addition, cell

death includes cell apoptosis and cell necrosis. Therefore, "Necrosis" and "cell death" should not be connected by "and".

Response: Thank you for your suggestion. Corrected to "hepatocyte necrosis".

6. In the "MANAGEMENT OF BCS IN MPNS" section, the arrangement of the content is confusing. In this section, the authors mentioned many effective treatment methods, but there are only three subheadings "Long term antithrombotic treatment", "Cytoconductive therapy" and "Orthotopic Living Transportation", which are unreasonable. The authors should reintegrate and rearrange this part of the content.

   Response: Thank you for your suggestion.

7. Some sentences are inappropriate in review articles (Line 15-19 on page 30). Please revise them.

   Response: Thank you for your suggestion. Revised as instructed.

8. In China, the number of BCS patients caused by MPN is very small, which should be discussed in the article (PMID: 23447059).

Response: Thank you for your suggestion. We have raised this issue: There seems to be a geographic distribution of MPN-related BCS cases. For example, Qi et al. have reported that of their cohort of 246 cases of BCS diagnosed over nearly 12 years in China, only 5 cases were attributable to MPNs [https://pubmed.ncbi.nlm.nih.gov/23447059/].

9. The value of CALR in the diagnosis of MPN in BCS patients should be discussed in this article (PMID: 29803161).

Response: Thank you for your suggestion. This topic was discussed as instructed: In terms of *CALR* gene mutations, Li et al. highlighted that 1.41% of BCS cases exhibit genetic alterations in the *CALR* gene. In *JAK2V617F*-negative MPN-related BCS cases, *CALR* gene mutations were detected in 17.22% of the examined individuals [https://pubmed.ncbi.nlm.nih.gov/29803161/].

10. Molecular-driven diagnosis and long-term treatment of patients with BCS resulting from MPNs patients should be discussed in this article (PMID: 26333846).

Response: Thank you for your suggestion. We have discusses this topic: Mutations in other genes, i.e., *MPL* or *TET2*, have rarely been depicted in BCS. However, the detection

of a somatic gene mutation and especially of *JAK2V617F* in BCS should alert the clinician to screen for MPNs, including at follow-up if the diagnosis of overt MPNs is not established. In addition, work-up for hereditary thrombophilia should be performed as part of the molecular-driven diagnosis of BCS [https://pubmed.ncbi.nlm.nih.gov/26333846/].

11. There are many details in the article that need to be carefully reviewed and revised by the authors. Authors should be careful to check all use of the abbreviation "Myeloproliferative neoplasms" in the article to ensure that it is used accurately.

    Response: Thank you for your suggestion. Corrected as instructed.

12. The authors are requested to recheck all the writing of "JAK2V617F" in the article to ensure that the full article remains uniform.

    Response: Thank you for your suggestion. Corrected as instructed.

13. In the "CLINICAL PRESENTATION OF BCS" section (Line 11 on page 16), the authors should change "Eastern" to "eastern".

    Response: Thank you for your suggestion. Corrected as instructed.

14. In the "DIFFERENTIAL DIAGNOSIS, PROGNOSIS, COMPLETIONS OF BCS IN MPNS" section (Line 8 on page 31), the authors should change "doppler" to "Doppler".

    Response: Thank you for your suggestion. Corrected as instructed.

15. The authors should carefully check the citation format of each reference again to ensure that it is correct.

    Response: Thank you for your suggestion. References have been reformatted according to the journal guidelines.

16. The authors did not mark the corresponding position of "Table 1" and "Table 2" in the article.

    Response: Thank you for your suggestion. Table 1 has been deleted. The other tables are now referenced in the text as well.

17. The format of subtitles in each part of the article should be consistent.

    Response: Thank you for your suggestion. Corrected as instructed, subtitles are

now consistent.

18. The full names of "LFT", "ALT", and "AST" (Line 14 on page 20) are not introduced in this article.

    Response: Thank you for your suggestion. Corrected to liver function tests (LFT), alanine aminotransferase (ALT), aspartate aminotransferase (AST).