

Response to Review (06152612)

Disagree with the strong conclusion based on a single case: Patients receiving $\alpha 4\beta 7$ therapy merit proactive surveillance for non-Hodgkin lymphoma. Could the suppressed T cell function be unrelated to vedolizumab therapy because typically, vedolizumab does not have a systemic action. Unless the vedolizumab was stopped and function reassessed, it would be difficult to blame the vedolizumab.

Response: Thank you very much for this response! You are absolutely correct; this case suggests an association between vedolizumab and new onset of a non-Hodgkin lymphoma, but it is not definitive. The patient was managed in such a way to clearly link vedolizumab as the etiology. Accordingly, I have changed the wording in the conclusions of the Abstract and Main Text to be more suggestive, less definitive, and open to further study.

Response to Review (05402173)

Yerigeri and Buhtoiarov described a case of PTFL in a Crohn's disease patient treated with vedolizumab. This report highlights the potential adverse effect of vedolizumab for its impact on patients' immune system. Below are a few minor suggestions:

1, Discussion, first paragraph, second sentence, "While serious adverse events (AE) were reported in 41% of the Crohn's patients, the benign and malignant neoplasms were noted in 6.8% of treated patients at an incidence rate of 20.8 per 1,000 person-year." Reference needed.

Response: Thank you for pointing this out. The reference is #16, I have moved it from the next sentence to this one. The next sentence (with reference #17) also draws from reference #16, but I do not believe it is necessary to mark it twice back-to-back.

2, Discussion, first paragraph, last sentence, typo: "save" should be "safe".

Response: Thank you! We have fixed the typo.

3, Recently, there has been a case report on an IBD patient treated with Vedolizumab. The authors may relate their observations to the published case report: Gastroenterol Rep (Oxf). 2022 Sep 20;10:goac047. doi: 10.1093/gastro/goac047. A rare case of epiploic appendagitis in a patient affected by ulcerative colitis on vedolizumab therapy.

Response: Thank you for this suggestion! The case of epiploic appendagitis is very interesting. However, it seems the authors attribute the appendagitis to an ulcerative colitis flare, although they consider the possibility of vedolizumab promoting epiploon inflammation. Regardless, a gut-selective agent causing GI complications is distinct from the malignant complication outside the GI tract in our case report. Are you sure the two cases are comparable for inclusion in the Discussion?