

Format for ANSWERING REVIEWERS



October 26, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12120-edited.doc).

Title: Complete remission of primary hepatic lymphoma in a patient with HIV

Author: David Widjaja, Mohammad Al Shelleh, Myrta Daniel, and Yevgeniy Skaradinskiy

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 02572349

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been set per the journal policy

2 Revision has been made according to the suggestions of the reviewer

1. Comment from reviewer number 02446778: " I like to see more description of how the patient tolerated the treatment considering his HIV status and how did his HIV affected the consideration for treatment". **Our actions:**
 - a. We are adding information about HIV treatment regimen in the second paragraph of the case report section. The additional information: "The initial anti retroviral medications were efavirenz, emtricitabine, and tenofovir. On the 7th day of the treatment, efavirenz was changed to raltegravir due to the presence of G190A mutation on HIV genotyping testing which confers resistance to non-nucleoside reverse transcriptase inhibitor mutation."
 - b. We are adding information about monitoring of possible kidney injury during co-administration of R-DHAP and anti retroviral medications in the second paragraph of the case report section. The additional information: "As the co-administration of cisplatin and tenofovir might have increased his risk of toxicity to the kidney proximal tubule, serum creatinine was monitored closely. His serum creatinine levels were always less than 1 mg/dL and the calculated creatinine clearance was maintained at the level of 77 mL/min/1.73 m²."
 - c. We are adding information about the side effects of the chemotherapy in the second paragraph of the case report section. The additional information: "Nine days after the first chemotherapy cycle, he developed significant thrombocytopenia (nadir of 10,000 cells/uL) and neutropenia (nadir of 300/uL). When platelet count was 10,000/uL, the patient had an episode of epistaxis which was controlled after platelets transfusion. He did not develop fever during the episode of neutropenia. Filgrastim was given for 3 days when neutropenia was 300/uL."
 - d. We are adding information about the possible drug-drug interaction between the chemotherapy regimen and anti retroviral medications in the second paragraph of the case report section. The additional information: "As there was no known significant drug-drug interaction between the R-CHOP regimen and the anti retroviral regimen (tenofovir, emtricitabine and raltegravir), all medications were given according to the standard doses."

- e. We added information about the effects of the chemotherapy to HIV status in the last paragraph of the case report section. The additional information: "During the chemotherapy, the CD4 count is improving and HIV viral loads were always undetectable (table 1)."
2. Comment from reviewer number 00058198: Dear author thank you for your presentation. **Our comment:** thank you very much for reviewing our manuscript. Minor language polishing and revision were done
3. Comment from reviewer number 00506101: This is a well written article. It is clearly presented. I think it can be accepted as is. **Our comment:** thank you very much for reviewing our manuscript.

3 References and typesetting were adjusted to the journal policy

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'David Widjaja'.

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