Response letter

Dear Editor and Reviewers:

We submitted the manuscript of “Coexistence of breakpoint cluster region-Abelson1 rearrangement and Janus kinase 2 V617F mutation in chronic myeloid leukemia : A case report” (No.45692) for your kind consideration to be published in the *World Journal of Clinical Cases*.

We received the detailed remarks and suggestions from the editor and reviewers on Mar. 18th, 2019. We appreciated these kind comments and suggestions, which helped us a great deal in revising this manuscript. We have modified our paper according to these suggestions and all the revisions in the manuscript are highlighted in red.

Now, we have re-submitted our revised manuscript online. We believe the re-prepared manuscript has been improved greatly and hope that you will reconsider its publication in the *World Journal of Clinical Cases*.

Sincerely yours,

Xuebing Shi

Department of Hematology and Oncology, Tongling People's Hospital, Bijiashan Road 468, Tongguan District, Tongling 244000, Anhui, China. sxbtlph@163.com

Telephone: +86-562-5838144

Answering reviewers

00503929

This is a well-organized, well-written report of a case of CML which presents a specific mutation rarely associated with CML. The subject is relevant, and due to the scarcity of reported cases, the study represents a useful addition to the extant literature. Documentation of the case is extensive, as the description of the clinical presentation and evolution is complete. I suggest the data would be easier to follow if presented in table form, especially in the case of total and differential cell counts. I also think the methodology would be enriched by informing which reagents were used for immunophenotyping of the malignant cells. The text mentions "percentage of mutation", but this is unclear to the nonspecialist. The authors should clarify how this percentage is obtained.

Re：We have presented differential cell counts of peripheral blood and bone marrow in Table 1, added main reagents used for immunophenotyping of the malignant cells and clarified how the mutation percentage of JAK2 V617F is obtained in our revised manuscript.

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Nothing, since the authors have reporter a very nice case of a patient presented a hematology desorder nicely solved by a good diagnostic (mutation in jak2) and a ver well patient manage by imatinib. The case

presented here might help to prevent complication in other patients presenting similar clinic symptons.

Re：Thanks for your detailed review and kind comments.