

Dear editor and reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript (Manuscript NO: 53310). Those comments are all valuable and very helpful for revising and improving our paper.

We have studied comments carefully and have made corrections which we hope meet with approval. Revised portions are highlighted in yellow in the paper. Here are our responses to the reviewers' comments line-by-line and responses to editor:

**Responds to the reviewer's comments:**

**Reviewer #03998375:** Abstract background: More information is required about Camrelizumab (SHR-1210). Reactive capillary hemangioma in gingiva as a result of Camrelizumab treatment in previous studies should be mentioned in the Discussion.

**Response to comment 1:** Thank you for your helpful suggestion. We have added more information about Camrelizumab (SHR-1210) to the abstract background. (Page 3, Line 3-7)

**Response to comment 2:** Thank you for your valuable advice. We have added more information of treatment related to gingival reactive capillary hemangioma in previous studies to the discussion part. (Page 9, Line1-9)

**Reviewer #02728252:** It is a well written case report entitled "Camrelizumab (SHR-1210), an anti-PD-1 antibody, leading to reactive capillary hemangioma in gingiva". The title should be rephrased to be more clear, the type of staining and a scale bar should be clarified in the histological part.

**Response to comment 1:** Thank you for your worthwhile advice. We have changed the title to "*Camrelizumab (SHR-1210) leading to reactive capillary hemangioma in gingiva: A case report*". (Page 1, Line 5-6; Page 4, Line 10-11)

**Response to comment 2:** Thank you very much for pointing this out. We have indicated the type of staining in the histological part and added scale bars to the histological

figures. (Page15, Line 2,3,7)

**Reviewer #02653697:** Anti-PD-1 antibody induced capillary hemangiomas are common. But hemangiomas in the gingiva are not common although there are case reports. There are a few concerns that the authors many want to address in revision. 1. English editing is required; 2. Some subtitles in 'case presentation' section can be removed; 3. According to "After the cessation of nifedipine, the enlargement decreased in size on the palatal surfaces of the maxillary anterior teeth and gradually increased in size on the lingual surfaces of the mandibular anterior teeth. ". It is hard to understand that nifedipine only affected palatal surfaces of the maxillary anterior teeth. If this is true, please discuss this aspect in the second paragraph of discussion section; 4. Again, mechanisms by which Anti-PD-1 antibodies induce capillary hemangiomas need more discussion; 5. What is the last document (an abstract, LBA17) for?

**Response to comment 1:** Thank you for your good advice. We have made the correction of language polishing. (Page 3, Line 21; Page 8, Line 20-22; Page 9, Line 10)

**Response to comment 2:** Thank you for your helpful suggestion. We reconfirmed the “*Guidelines for authors*” and “*Guidelines and requirements for manuscript revision-case report*” and found that these subtitles must be presented in the ‘case presentation’ part according to the requirements.

**Response to comment 3:** Thank you for your worthwhile advice. According to his description, the patient felt that gingival enlargement reduction mainly occurred on the palatal surfaces of the maxillary anterior teeth after the cessation of nifedipine. Perhaps he failed to notice the slight reduction of gingival enlargement in other aspects. However, we have no idea what the intraoral performance was after he stopped taking nifedipine. Thus, we tend to believe that while nifedipine plays a part role in the initial stage of gingival enlargement, SHR-1210 is responsible for the whole gingival enlargement.

**Response to comment 4:** Thank you for your valuable suggestion. We have added more information about the mechanisms to the discussion part. (Page8, Line 17-19, 23-

25)

**Response to comment 5:** Thank you very much for your comment. The last document is the first page of the article of reference 11 which is not indexed by Pubmed. According to the requirements of “*Guidelines and requirements for manuscript revision-case report*”, citation of references not indexed on PubMed is discouraged. In addition, this reference is not necessary, because we have cited similar articles to support our point. Thus, we deleted this citation.

**Reponses to editor:**

1. As one of the reviewers recommended, we revised our manuscript’s title.
2. According to new requirements of our institution, we modified the name of institution and the authors’ affiliations in the revised manuscript and copyright license agreement.
3. We revised the case report in the required format.
4. The audio core tip has been uploaded by wav form.

We hope that these revisions are satisfactory and that the revised version will be acceptable for publication in *World Journal of Clinical Cases*.

Thank you very much for your work concerning my paper.

Wish you all the best!

Sincerely Yours,

Wen-Xia Wang, PhD