Dear editors and reviewers:

Thank you for your letter and the reviewers' comments on our manuscript.

Name of journal: World Journal of Clinical Cases

Manuscript NO.: 53998

Column: Case Report

Title: Therapy-related acute promyelocytic leukemia with FLT3-ITD mutation in solitary bone plasmacytoma: a case report

Corresponding author: Hai-Feng Zhuang,

Those comments are very helpful for revising and improving our paper, as well as the important guiding significance to other research. We have studied the comments carefully and made corrections which we hope meet with approval. The main corrections are in the manuscript and the responds to the reviewers' comments are as follows (the replies are highlighted in blue)

Replies to the first Reviewer' comments:

1. Usually, a t-AML (t-APL) derives after many years of chemotherapy or radiotherapy and not adter one year. A shorter latency cannot be excluded, but this has to be stated in the discussion (that the t-APL is postulated).

Answer: Correction has been made in the revised version (Page 6).

2. It could have been an APL from a second clone, not from the same clone of the plasmatocytoma, which evoluted. This has also to be stated to the discussion, as there is no proof and only speculations can be made.

Answer: Correction has been made in the revised version (Page 8)

3. At the presentation of the case (laboratory examinations) it has to be stated that after a year of radiotherapy treatment, the APL diagnosis was made. This is only stated in the abstract and it is not written inside the main text of the paper.

Answer: Correction has been made in the revised version (Page 6).

4. Please correct some terms which are not used (for example replace chief complaints with major complaints, page 3 line 18 please add mainly DUE TO hemorrhagic complications, etc)

Answer: The format requirements of the case use the item “chief complaints ” . Correction has been made in the revised version (Page 6)

5. Please coorect the references according to the guidelines of the journal. Remove EPUB, remove the small names and write the surnames first in all references.

Answer: Correction has been made in the revised version (reference scetion)

6. Please include the following reference Moarii M, Papaemmanuil E. Classification and risk assessment in AML: integrating cytogenetics and molecular profiling Hematology Am Soc Hematol Educ Program. 2017 Dec 8; 2017(1):37-44. doi:10.1182/asheducation-2017.1.37. This reference is recent and shows the frequence of FLT3-ITD mutation in AML patients with t (15;17 ) (page 39). Please state in the discussion that FLT3-ITD is the most frequent mutated gene in t (15; 17) AML.

Answer: Correction has been made in the revised version (Page 7)

Replies to the second Reviewer' comments:

1. It is not proven that APL with FLT3-ITD in this case was indeed developed as a consequence of the therapy for SBL in the past. In other words, APL with FLT3-ITD and the SBL in this case can be just coincidental, which is one of the major limitations of this report. The authors should acknowledge these limitations in the text. Accordingly, the title of this manuscript has to be modified, since it is overstated and misleading.

Answer: Correction has been made in the revised version (Page 8).

t-APL is merely descriptive and based on a patient's history of exposure to chemo-and/or radiotherapy. Our case of APL caused after SBP receiving

radiotherapy. APL with FLT3-ITD and the SBP may be just coincidental, we had stated the limitations.

2. The conclusion of the summary states that “the present study indicated that the FLT3-ITD mutation in t-APL is a risk factor for early death”. However, it is very odd to bring up this statement as a conclusion for this case report. Likewise, the conclusion on pages 7 and 8 has nothing to do with the most important findings of this case presentation. The conclusion must describe the most vital messages based on the findings obtained in the case.

Answer: Correction has been made in the revised version (Page 6-Page8)

3. The first sentence of the conclusion on page 7 says that “patients with t-APL harboring FLT3 mutations that evolved from SBP are rare and have favorable outcomes”, which made us consider that this condition was reported in the past, even if it is rare. However, this in contrast to the statement on the first sentence of the abstract, which indicated that it was never been reported. Was t-APL with FLT3 mutation that was developed after treatment for SBP ever reported? Please make these statements be consistent.

Answer: t-APL with FLT3 mutation developed after treatment for SBP have not been reported. Correction has been made in the revised version(abstract and context sections)

4. The manuscript states that the FLT3-ITD was identified using NGS (Figure 4); however, the figure 4 demonstrates the results using Sanger sequence, not the NGS.

Answer: Figure 4 demonstrates the results using Sanger sequencing. Correction has been made in the revised version (Figure4)

Replies to the Editorial Office's comments

1. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. And please provide the Table 1 as a three wire table but not a figure.

Answer: PowerPoint with original pictures named Figure had been uploaded. Correction has been made in the revised version

2. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Answer: The reference have been revised.

3. Please re-write the “Case Presentation” section, and add “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” section to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Answer: Correction has been made in the revised version.

4. Please add “author contribution” section in front of the main text.

Answer: Correction has been made in the revised version (Page 1)

Once again, thank you very much for your constructive comments and suggestions, which would help us both in English and in depth to improve the quality of the paper.

Kind regards,

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