

Reply to Reviewer Comments for Manuscript iMCD-56691,

“Idiopathic Multicentric Castleman Disease with Pulmonary and Cutaneous Lesions treated with Tocilizumab: a case report”

We are very grateful to the reviewer for the constructive and highly valuable suggestions and comments. According to the reviewer’s suggestions, we revised the manuscript to improve the quality of the manuscript. In addition, we have carefully considered the reviewer’s comments and made a number of corrections. We took into account all specific and substantive issues raised by the reviewer as detailed below. Please note that we have attached separate responses to each of the reviewers.

The Reviewer’s comments are addressed below:

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Reviewer 1:

Reviewer’s comments:

- The title must be changed to increase the accuracy.

Responses:

Thank you for your helpful suggestion. The title had been changed to “Idiopathic Multicentric Castleman Disease with Pulmonary and Cutaneous Lesions treated with Tocilizumab: a case report”.

Reviewer’s comments:

- The antibody used must be included in the keywords.

Responses:

According to your suggestion, the used antibody of Tocilizumab had been included in the keywords.

Reviewer's comments:

- The grammar must be reviewed in lines 249, 181, 112 and 98.

Responses:

The grammar in lines 249, 181, 112 and 98 had been revised. The grammar in line 98 (revised manuscript in line 138) with the sentence of "Both lung parenchyma and skin involvement **was** rare in iMCD" had been changed to "Both skin and lung parenchyma involvement **were** rare in iMCD". The grammar in line 112 (revised manuscript in line 152, The patient **had developed** a recurrent dry cough **since 3 years ago**) had been changed to "The patient **developed** a recurrent dry cough **3 years ago**". The grammar in line 181 (revised manuscript in line 220, **A further biopsies of** the abdominal papules and the right inguinal lymph node by surgical resection were performed) had been changed to "**Furthermore, biopsies of** the abdominal papules and the right inguinal lymph node by surgical resection were performed". The grammar in line 249 (revised manuscript in line 286, Most patients tend to **appeared** obvious lymphadenopathy in the hilum and/or mediastinum) had been changed to "Most patients tend to **appear** obvious lymphadenopathy in the hilum and/or mediastinum".

Reviewer's comments:

- At last in the discussion section the authors must discuss the difference in the differences between Siltuximab and Tocilizumab.

Responses:

In the discussion section, we had discussed the difference in the differences between Siltuximab and Tocilizumab from lines 340 to 350. The content is as follows: According to the guideline, monoclonal antibodies (mAbs) targeting IL-6 directly (siltuximab) or the IL-6 receptor (tocilizumab) have been approved for iMCD therapy. Siltuximab (11mg/kg every three weeks) is recommended (category 1) for all patients with non-severe iMCD, and it is presently approved in the USA, Canada, EU, and Brazil, among other

countries. If siltuximab is not available, tocilizumab (8mg/kg every two weeks) may be used (category 2A), and it is approved for the treatment of iMCD in Japan. The availability of siltuximab and tocilizumab varies amongst countries, and the choice between the two drugs is currently more dependent on indication within that country and access, as no head-to head trials have been performed to compare efficacy^[1].

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Editor:

Editorial Office's comments (Science Editor):

-The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Responses:

We have uploaded the approved grant application forms and funding agency copy of the approval documents.

Editorial Office's comments (Science Editor):

- 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.

Responses:

Thank you for your comments. We have provided the original figure documents.

Editor's comments:

- Please update your manuscript according to the Guidelines and

Requirements for Manuscript Revision and the Format for Manuscript Revision for your specific manuscript type: 'Case Report'. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples. **We only accept the manuscript in MS Word format, and the manuscript in other formats will be rejected.**

Responses:

We have updated our manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision for our specific manuscript type: 'Case Report', and the manuscript had been written in MS Word format.

1. **van Rhee F**, Voorhees P, Dispenzieri A, Fosså A, Srkalovic G, Ide M, Munshi N, Schey S, Streetly M, Pierson SK, Partridge HL, Mukherjee S, Shilling D, Stone K, Greenway A, Ruth J, Lechowicz MJ, Chandrakasan S, Jayanthan R, Jaffe ES, Leitch H, Pemmaraju N, Chadburn A, Lim MS, Elenitoba-Johnson KS, Krymskaya V, Goodman A, Hoffmann C, Zinzani PL, Ferrero S, Terriou L, Sato Y, Simpson D, Wong R, Rossi JF, Nasta S, Yoshizaki K, Kurzrock R, Uldrick TS, Casper C, Oksenhendler E, Fajgenbaum DC. International, evidence-based consensus treatment guidelines for idiopathic multicentric Castleman disease. *Blood* 2018; **132**: 2115-2124 [PMID: 30181172 DOI: 10.1182/blood-2018-07-862334]