

Dear Chief Editor:

Thanks for allowing us to revise the current manuscript entitled '**Roxadustat for the treatment of erythropoietin-hyporesponsive anemia in a hemodialysis patient: A case report**'. We really appreciate the reviewers' comments and suggestions. Here we provide point-by-point responses.

Reviewer 1: Thanks for the constructive comments that significantly improve our paper.

1. Actually, your patient was not well controlled regarding her diabetic state and regarding her blood pressure, (B.P:168/57); her Hemoglobin A1c: 8.5) which may have in part a role in hypo responsiveness of anemia to the ESAs. You have mentioned that both were well controlled; which needs corrections

Response: We have corrected it.

2.You have illustrated at your tables the response of blood lipid levels 2 months after therapy with roxadustat which showed a beneficial effect, however you have not discussed this at your discussion.

Response: We added them in the '**DISCUSSION**'.

3.It was expected to present changes in the other blood lines (White blood cells and platelets) 2 months post treatment with roxadustat as you have done with blood lipids. Furthermore, you have not discussed significance and relevance of assessment of CD25 and CD 59 in this patient; which better to be done.

Response: We added them respectively in table 2 and '*Laboratory examinations*'.

4.You have referred to the ERI, however no data about it was presented at basal and at the posttreatment states.

Response: The basal state is 35.6 UI weekly/kg/g Hb. We added it in '*Laboratory examinations*'. During treatment with Roxadustat, the patient discontinued recombinant human erythropoietin.

Reviewer 2: Thanks for the positive feedback on our paper and for the good suggestions.

1.The patient had confused and complex background as the authors mentioned. Thus, her EPO-resistant anemia was probably not only due to chronic renal insufficiency. This issue should be clearly stated in the abstract and text. Also, the pathogenesis of her EPO-resistant anemia should be discussed in-more-depth.

Response: We added the description in the abstract and discuss.

2. Since the patient took several drugs, some possibility of the interaction of these drugs on the pathogenesis of her EPO-resistant anemia should be discussed.

Response: We added it in the 'DISCUSSION'.

3. Pharmacological mechanisms of roxadustat should be represented concisely for readers' understandings.

Response: We added it in the 'DISCUSSION'.

Again, many thanks for your comments and please let us know if you have further questions.

Sincerely yours,

Fang Yuan, MD

Department of Nephrology, the Second Xiangya Hospital

2020-9-26