

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,

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