Dear editor and reviewers，

Thank you for your nice comments and suggestions. Your thoughtful input is a great help for us to improve our manuscript. Detailed responses to the comments are provided as following.

We really hope that our work and paper could meet the publication criteria of WJCC. Let us know if you have any question.

1. Title: OK

2. ABSTRACT: Background: Rewrite; give a more comprehensive description of WM and the ocular presentation in the first sentence. Second sentence summarized to the conclusion.

    We have rewritten the background according to your suggestion.

3. Case summary: Provide the reader with a snapshot of the clinical findings of the initial bilateral ocular presentation, e.g., significant facts such as BCVA, IOP, OCT, OCTA, etc. Clinical lab results that supported WM, e.g., lymphadenopathy, splenomegaly, elevated IgM, bone marrow, etc.   Need treatment details and summary of Tx response at 1 and 6 months (time line; CARE Checklist).   Provide objective results consistent with "continued improvement", e.g. BCVA and percent reduction in OCT sub-retinal fluid volume, reduction in retinal and choroidal petaloid cystic changes, OCTA findings, etc.

    We have added the clinical findings of ocular presentation and systemic examinations, as well as the treatment and response in this part according to your suggestion.

4. Conclusion: I don't think you can say that the treatment is "effective" (beneficial, promising) at just 6 months out in view of the current literature.

    We have revised the description as "Intravitreal anti-VEGF treatment combined with systemic therapy might be beneficial for the WM

patients with retinopathy (SMD and CRVO)" as your suggestion.

5. Minor: Acronyms should be defined

We have gone through the full text and revised the manuscript.

6. CORE TIP: Not sure that the current text captures the central point-OCT/OCTA can be used effectively to follow CRVO in MW patients who cannot undergo FFA?

We have added some explanations as your suggestion. "OCTA is a new, non-invasive imaging system, providing both structural and blood flow information in the eye. This technique might be of great value for diagnosing or following up patients with retinal vascular diseases such as WM retinopathy, especially for those who could not be performed for fluorescein angiography (FA)."

7. BACKGROUND: Page 5… lines 1-3; Ratanam et al., 2015 does not appear to be the right general reference for WM. Lines 21-23. See reference 7, Pilon et al., Optom Vis Sci 2005;82:573-8.

We have changed ref.1 as your suggestion.

8. Lines 25. What is SMD?

SMD is serous macular detachment, which we have added the description in the revised manuscript.

9. Lines 25-29. Should summarized the results of the 4 cases (others if discovered in the literature) of WM-associated retinopathy treated with intravitreal anti-VEGF (Besirli et al. 2013; Ratam et al., 2015; Xu LT et al. 2015; Kapoor et al., 2015).

We have summarized the cases and listed in table 1 as your suggestion.

10. CASE PRESENTATION: Page 6… The case would be easier to follow if the authors make an effort to incorporate the time line into the presentation and address the presenting abnormalities as depicted in the figures systematically. Line 6-7; should refer the reader to Figure 3 with an objective assessment of the OCT finding plus a summary. Then move to the OCTA findings. Who performed the routine systemic workup

(IM?). Figure 2 presents the bone biopsy and the results section mentions immunophenotyping but a cytopathology assessment is given in the legend. (No mention of the stain used). This reviewer suggests the authors provide the incremental improvements (with reference to the appropriate figure) observed at 1 month and 6 months after initiating plasmapheresis, chemotherapy (provide the name of the agent) and ranibizumab injection. An objective therapeutic measurement of the improvements in choroidal and retinal pathologies concomitant with the better BCVA would help the reader accept that significant improvements in the retinopathy occurred post treatment.

We have revised this one-by-one according to your suggestion.

11. DISCUSSION: Page 7… Line 11. See Pilon et al. Reference 7… retinal atrophy plays a role in poor prognosis. [In my opinion one would do well to reattach the retina as soon as possible to preserve vision.]

We have added "Therefore, understanding the mechanism, as well as earlier recognition and treatment might be important for the improvement of prognosis of SMD. Retinal pigment epithelium atrophy beneath the area related to the serous detachment provides a plausible explanation for unresponsive nature of this presentation, even related with the visual progress, emphasis on the benefit of early intervention." in the text as your suggestion.

12. PAGE 8… Line 26. Suggest the authors mention results with tyrosine kinase inhibitor (Leskov et al., 2018.)

We have added the BTK inhibitor and related reference in this part as you suggestion.

13. CONCLUSION: If the author want to make the statement the anti-VEGF treatment is "effective", they should mention the others cases treated with the other commercial anti-VEGF preparations used to treat the retinopathy associated with WM.

We have revised the description as your suggestion.

14. FIGURES: Fig. 3. The A-F images appeared to be rearranged from the legend narrative in my downloaded file. That is, Fig. 3 B-F correlated with RE and Fig. 3 A-C correlated with the LE.

We have revised the legends as you suggested.