

Department of Geriatrics  
The First Hospital of China Medical University  
155 Nanjing North Street  
110001 Shenyang,  
People's Republic of China  
Tel: 024-83283765  
Fax: 024-83283763  
Email: sanglixuan2008@163.com  
10 Jan 2021

Dear editor,

We would like to thank you for your conscientious reviews, and insightful comments and suggestions to improve the manuscript. In the response below, we have addressed all the concerns raised by you in the revised manuscript. We hope our revised manuscript has improved and is suitable for publication. Due to the limited period, our reply may be not perfect. If any improvement of the manuscript is needed, we will finish it as soon as possible.

We hope this revised version could reach the academic standards of your magazine and be published. Thank you for your time.

Yours Sincerely,  
Xin-Yu Lin and Li-Xuan Sang

**Response for reviewer #1 comment:**

We appreciate your concerns of this review. Your comments and our responses are as follows.

1. Language and grammar require additional polishing.

Response: Before submitting the manuscript, we asked a company American Journal Expert (AJE) to abolish our files. After receiving your comments, we have discussed with AJE and abolished our manuscript again without any

details left.

2. I would like to ask the authors to clarify whether it is possible to define a subgroup of patients or populations, according to the characteristics and comorbidities that are at risk for this condition. Since the disease was presented by bleeding from the gastrointestinal tract, which is the eventual role of standard risk factors f(NSAID, infections,...) for the occurrence of this disease and the risk of bleeding?

Response: Our manuscript is a review with a case of localized gastric amyloidosis. It is such a rare disease that only 22 cases were reported from 1978 till now. Considering its rare incidence and incomplete records, none of these 22 cases have mentioned the role of standard risk factors(NSAID, infections.....). It's hard for us to analyze risk factors based on current information and define a certain subtype of people with risk. Your comments are a good idea. Therefore, inspired by that, we are planning to collect more cases of localized gastric amyloidosis from multiple centers in China and further discuss the relationship between standard risk factors and localized gastric amyloidosis. Besides, based on more information, we can conclude the similarity of patients and may screen a certain population with high risks. Hopefully it will be accomplished in recent years.

3. What is the role of IPP in therapy?

Response: For your doubt of the role IPP in therapy, we have searched for relative papers and suspect that you may mean to discuss the role of the immunotherapy in the treatment of localized gastric amyloidosis. The main therapeutic strategies of localized gastric amyloidosis are supportive care, surgery and rarely radiotherapy. We also discuss the potential of SAP clearance since it is a novel therapy and widely discussed in amyloidosis. In some papers, clearance of SAP with antibodies is also introduced as a kind of immunotherapies. It is used in systemic amyloidosis and tested in clinical studies. Its application in localized gastric amyloidosis haven't been proven yet, but we believe it will be a therapy with great potential and discuss here as

an inspiration for readers. We hope our response is proper and solves all of your concerns. If any improvement is needed, we will try our best to reach your standard.

**Response for reviewer #2 comment:**

We appreciate your compliments of our work and your interests for localized gastric amyloidosis, a rare disease with few public attentions.

**Response for editor comment:**

We appreciate your concerns of academic norms and rules. Related files have been prepared and attached to our revised manuscript. In addition, original figures are rearranged into a PowerPoint file for your further adjustment.