

Reviewer #1: The case is very interesting and well written I believe that the knowledge of a possible anaphylactic shock can be of fundamental importance for those who deal with HCC and in particular with the advanced forms. The case is very interesting and well written. The discussion section is complete.

Reviewer #2: Overall this is an interesting case report. Most reactions to McAb, and more so, in ICIs are likely infusion related reactions rather than anaphylactic reactions. This patient presented with reactions to two different anti-PD(L)-1 agents with severe symptoms, raising questions of this being not just your usual infusion-related reaction. **It would be interesting if more could have been done to justify the thought of this being a true anaphylactic reaction or more discussion as to how to differentiate it from just a severe infusion reaction. Was serum tryptase sent? Were there any cutaneous/respiratory/gastrointestinal manifestations? Evaluation by an allergist? Manuscript is legible, but may still need another round of language editing and polishing. References 19 and 21 are identical.**

**Answer :** Ten minutes into the atezolizumab infusion, the patient reported dyspnea, sudden dizziness and numbness in his feet and was soon unconscious, with hypotension. This patient presented with reactions to two different anti-PD(L)-1 agents with severe symptoms, anaphylaxis was diagnosed after discussion by the medical team.

Immediate-onset HSRs include acute infusion-related reactions, cytokine release syndrome, and IgE-mediated hypersensitivity reactions. However, infusion-related reaction and anaphylactic reaction may be clinically indistinguishable from each other, and patients may show mixed-type reactions. An increase of serum tryptase indicates mast cell/basophil degranulation and suggests the possibility of an IgE-mediated reaction. But no blood tests in this case

**Answer :** Repetition of references amended