

Dear Editor of World Journal of Clinical Cases

We would like to thank editors of World Journal of Clinical Cases and unknown reviewers of our manuscript for carefully reading our manuscript and providing such encouraging comments. We have addressed the concerns of the respected editor and reviewers as follows. In addition, we have revised the manuscript according to the CARE Checklist (2016), *Guidelines for writing and formatting high quality Case Reports* and *Guidelines and Requirements for Manuscript Revision: Case Report*.

It is worth mentioning that in the revised manuscript, the updated text appears in blue colour.

Kind Regards

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Answering to Reviewer #1:

Reviewer's Comment: An excessive number of references (80) dilutes the discussions with a case report. The author should select between 15 - 30 articles that are directly linked to this subject. - The discussion should focus on the case's findings.

The references have been reduced from 80 to 47, and the related references have been reduced from 52 to 29. In order to highlight the findings in this study, we generalized the clinical and laboratory features of the case and put forward an explanation for this phenomenon in the first paragraph of DISCUSSION (revised as: *The relapse-remission regularity was that symptomatic AML emerged with flaring of the gastrointestinal infection, and symptomatic AML subsided after resolution of the gastrointestinal infection by antibiotic and glucocorticoid treatments.* These recapitulated treatment responses indicated that hematological remission was induced by antibiotic and glucocorticoid treatments. This raises the possibility that the clonal growth and survival advantage of the leukemia cells were sustained by the inflammatory stresses, probably derived from the gut inflammatory condition. With effective treatment of the gut inflammatory condition, the leukemia cells lost their proliferative advantage, and normal hematopoiesis was restored. This ligand-dependent proliferative advantage may represent a subgroup of AML patients). In the following paragraphs, we focused the discussion on how to draw the extrapolation by selectively reviewing the reported cases and by referencing the previous studies on myelopoiesis in response to infectious stimuli, inflammatory cytokines and colony stimulating factors on leukemia cell proliferation, and antigen-dependant lymphoma pathogenesis. We believe that the revised manuscript is easier to be understood.

Answering to Reviewer #2:

Reviewer's Comment: This article needs to be redone in its entirety referring to the CARE checklist 2016 and respecting the formats of case report

submitted in the WJCC journal. you don't need to report everything that has been described in the literature, you need to focus on the aims of the topic and the message you want to give to the scientific community in short and precise words. you must specify the highlights of your topic based on what is known in the literature, specifying the novelties and the takehome lesson from your case.

1 We have carefully read the CARE Checklist (2016), *Guidelines for writing and formatting high quality Case Reports* and *Guidelines and Requirements for Manuscript Revision: Case Report*. We have revised the manuscript according to the three documents.

2 The references have been reduced from 80 to 47, and the related references have been reduced from 52 to 29.

3 After have generalized the remission-relapse regularity, we directly put forward an extrapolation for the phenomenon found in the treatment process of this patient, highlighting the topic in our manuscript (Reflected in the first paragraph of DISCUSSION).

4 By reviewing the clinical and laboratory features of reported cases and by comparing the proposed mechanisms in explaining the hematological remissions, we highlight our findings that could not be explained by the proposed mechanisms (reflected in the 4th paragraph of DISCUSSION). Since spontaneous remissions occurred frequently after recovery from an infectious episode in the majority of reported cases, inflammation-sustained proliferative advantage may represent a subgroup of AML patients.

5 In the following paragraphs, we focused the discussion on how to draw the extrapolation by referencing the previous studies on myelopoiesis in response to infectious stimuli, leukemia cell proliferation stimulated by inflammatory cytokines and colony stimulating factors, and antigen-dependant lymphoma pathogenesis.

Answering to Re-reviewer:

Re-reviewer's Comment: (1) try to reduce again the article, to have a maximum of 2500 words. (2) try to put all biological assessments in international units.

(1) The words in the main text of the re-revised manuscript have reduced to 2492.

(2) The biological assessments have revised as international units (reflected in line 26-28, page 6). The units in the laboratory tests were the units from the original reports.

Answering to Reviewer

Editor's Comment: (1) The title is too long, and it should be no more than 18 words; (2) It is unacceptable to have more than 3 references from the same journal.

1 We have revised the title as *Recapitulated hematological remission by antibiotic and glucocorticoid treatments in acute myeloid leukemia: case report and implicated proliferative mechanism*, a total of 18 words.

2 No more than 3 references from the same journal is found in our revised manuscript.