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Dear editor

We would like to thank the reviewers for their valuable suggestions. Our manuscript has been revised based on every comment from the reviewers (see the next pages for details). We have also asked Editage colleagues of native English speakers to proof read the manuscript and they have already gave us the certification of English editing. We sincerely hope that the paper is now suitable for publication on the *World Journal of Clinical Cases*. If you have any questions, do not hesitate to contact me.

Regards,

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Reviewer 1

Comment:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? YES 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? YES 3 Key words. Do the key words reflect the focus of the manuscript? YES 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? YES 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? YES 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? YES.THIS STUDY PROVES BENEFICIAL FOR EARLY DIAGNOSIS OF SEPSIS IN HEMATOLOGICAL PATIENTS, EVEN IF ANC IS LOW OR EVEN THE PATIENT IS ON STEROIDS. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently?YES 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends?YES 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? YES 10 Units. Does the manuscript meet the requirements of use of SI units? YES 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? YES 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? YES 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? YES 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? YES

Reply: Reviewer give me a high priority and do not need to revised.

Changes in the text: No need to change in the text.

Editor Reviewer

Comment 1: The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Reply: I have revised the manuscript as advised.

Changes in the text: Diagnostic performance of Neutrophil CD64 index, procalcitonin, and C-reactive protein for early sepsis in hematological patients

Comment 2: Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Reply: I have revised the manuscript as advised. Please see the PPT.

Changes in the text: No need to change in the text.

Comment 3: Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Reply: I have revised the manuscript as advised.

Changes in the text: Please see the next page.

Table 1 Characteristics of hematological patients

Diagnosis	Patients with hematological diseases (N=207)			Normal controls (N=26)	p
	Local infection	Sepsis	No infection		
Sex					0.255
Female	34 (50.7%)	58 (64.4%)	26 (52.0%)	13 (50.0%)	
Male	33 (49.3%)	32 (35.6%)	24 (48.0%)	13 (50.0%)	
Age, median [range], years	60 [14–86]	60 [18–84]	60 [21–88]	46 [22–76]	0.726
WBC, median [range] (×10^9/L)	3.7 [0.30–136.0]	2.55 [0.30–161.0]	3.4 [0.70–20.4]		0.090
ANC, median [range] (×10^9/L)	2.31 [0.00–45.80]	0.745 [0.00–39.00]	2.1 [0.10–13.59]		0.013
RBC, median [range] (×10^{12}/L)	2.53 [1.15–4.87]	2.40 [1.13–4.51]	3.05 [1.68–4.62]		<0.001
PLT, median [range] (×10^9/L)	56 [6–456]	34 [1–462]	133 [8–517]		<0.001

ANC, absolute neutrophil count; PLT, platelet; RBC, red blood cell; WBC, white blood cell

Table 2 Infection characteristics in hematological patients

Infection sites	Hematological patients with local infection (N=67)			Hematological patients with sepsis (N=90)		
	Clinical diagnosis (N=55)	Positive culture of secretions (N=11)	Positive blood culture (N=1)	Clinical diagnosis (N=54)	Positive culture of secretions (N=26)	Positive blood culture (N=10)
Upper respiratory tract infection	20	1	-	12[c]	5[d]	1
Lung infection	27[a]	6	1	31[e]	14[f]	5
Suppurative tonsillitis	-	-	-	1	2	-
Oral infections	2	2	-	1	1	2
Cholecystitis	-	-	-	2	-	-
Appendicitis	2	-	-	-	-	-
Perianal infection	-	-	-	2[g]	-	-
Skin and soft tissue infection	2[b]	1	-	1	2	1
Urinary tract infection	-	1	-	4[h]	2	-
Unknown infection site	2	-	-	-	-	1

[a] one case with acute gastroenteritis, one case with perianal infection, one case with urinary infection; [b] one case with pulmonary infection; [c] one case with urinary infection; [d] one case with perianal infection; [e] two cases with acute gastroenteritis, two cases with urinary tract infection, one case with skin and soft tissue infection, one case with oral infection; [f] one case with acute gastroenteritis; [g] one case with appendicitis; [h] one case with pneumonia

Table 3 Diagnostic value for early sepsis of the nCD64 index, PCT, and hs-CRP in hematological patients

Indicator	AUC	Best cutoff	Sensitivity	Specificity	Likelihood ratio	
					Positive	Negative
nCD64 index	77.7%	1.465	82.3%	67.2%	2.51	0.26
PCT (ng/ml)	73.5%	0.175	67.8%	71.6%	2.39	0.45
hs-CRP (mg/L)	67.0%	69.8	54.4%	74.6%	2.18	0.60

AUC, area under the curve; hs-CRP, high-sensitive C-reactive protein; nCD64, neutrophil CD64; PCT, procalcitonin