

We thank the reviewer for his constructive comment.

We decided to add page 9 (line 196-210) a further explanation of our decision:

“Finally, after 8 months on eculizumab treatment, the pancytopenia worsened (hemoglobin 90 g/L, platelets 67.109/L and leukocytes 1.109/L), and the patient presented a sepsis secondary to a catheter-related bacteriemia of staphylococcus epidermidis resistant to methicillin. Bone marrow tests revealed 8% blast. We decided to transplant the patient because of the episode of severe infection and bone marrow smear results. The decision of transplantation was difficult, because in common PNH caused by mutation of PIGA, there is a high risk of developing GVHD, especially in patients older than 40 years old with no sibling donors. No data were available about transplantation in PNH caused by mutation of PIGT, and our patient had no sibling or matched unrelated donors. However, recent retrospective studies demonstrated promising results with HLA-mismatched/haploidentical hematopoietic stem cell transplantation after reduced intensity conditioning and GVHD prophylaxis with Post-Transplant cyclophosphamide in refractory severe aplastic anemia patients. Moreover, inflammatory symptoms in our patient were totally controlled by eculizumab. We hypothesized that it could be the good time for transplantation.”

We hope this paragraph will help to understand our medical decision.