## Answering Reviewer #1:

Thank you for your valuable comments. I have do my best to limit the figures to 4. If there are any deficiencies, please let me know. Thank you! In the conclusion part, I added the future research direction to fill the deficiency of this research.

## Answering Reviewer #2:

Thank you for your valuable comments. I have added detailed data about the participants (diagnosis, BMI,etc) in the abstract. In the conclusion part, I have added the future research direction to make the conclusion rigorous. Introduction:I have defined "Gastric hepatoid adenocarcinoma" in detail. A large number of details, including more intervention details such as measured variables, research significance, ethics, data collection and management, are added to the story telling text. Previous studies have shown that surgery, chemotherapy and targeted therapy can be used in patients with GHA. However, the application of immunotherapy in such patients has not been reported in the literature. In this case of GHA, we tried a new regimen of pembrolizumab and bevacizumab with chemotherapy, and the patient benefited. However, the sample size of this was very small. Further studies should evaluate this treatment in a larger cohort or a randomized controlled trial.

## Answering Reviewer #3:

Thank you for your valuable comments. 1) The patient died of intestinal infection. 2) The patient's nutritional status is OK. And he can eat semi liquid food. 3) After 4 cycles of second-line treatment, we invited general surgery and radiology for consultation. After general surgery consultation, surgery was recommended. 4) However, due to his advanced age, he did not follow the doctor's advice undergo surgery. 5) In January 2021, he developed diarrhea with fever and could not eat normally. And then he was given parenteral nutrition, anti-infection therapy, an indwelling gastric tube for enteral nutrition and other supportive treatment. 6) The patient's family reported that the patient had diarrhea with fever again in March 2021. He was treated in a local hospital but died in April 2021. The cause of death was intestinal infection. Because the patient has stopped chemotherapy and immunotherapy for 5 months. When he first developed diarrhea with fever, His thyroid function and hepatitis B virus were normal while inflammatory indexes were high. By the way, the majority of grade 3/4 irAEs occur during the first 12-14 weeks of treatment[1]. So it was not a side effect of CTH. 7) Previous studies have shown that surgery, chemotherapy and targeted therapy can be used in patients with GHA. But the application of immunotherapy in such patients has not been reported in the literature.

[1]Jeffrey S,Weber,Michael,Postow,Christopher,Lao,Dirk,Schadendorf.Management of Adverse Events Following Treatment With Anti-Programmed Death-1 Agents. *The oncologist* 2016;21(10):1230-1240 [DOI:10.1634/theoncologist.2016-0055].