

## ANSWERING REVIEWERS



January 2, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7287-review.doc).

**Title:** Allogeneic Hematopoietic Cell Transplant for Acute Myeloid Leukemia: Current State in 2013 and Future Directions.

**Author:** Abraham S. Kanate; Marcelo C. Pasquini; Parameswaran N. Hari; Mehdi Hamadani

**Name of Journal:** *World Journal of Stem Cells*

**ESPS Manuscript NO:** 7287

The manuscript has been improved according to the suggestions of reviewers:

**1 Format has been updated**

**2 Revision has been made according to the suggestions of the reviewer**

(1) This is a well written, very interesting and up-to-date review about allogeneic transplant in acute myeloid leukemia. Some comments: The paragraph introducing post-remission therapy in CR1 (title could be changed since this is about allogeneic transplant) should be modified and should introduce allogeneic transplant instead of reporting about HD AraC consolidation chemotherapy. Conditioning regimen paragraphs could be included into the previous different sections. Table 3 referred to selected studies and could eventually be removed.

[Answer: We agree with reviewer suggestion. From the paragraph introducing post-remission therapy in CR1, we have removed discussion of HD AraC and instead modified the text to focus more on allogeneic HCT \(Please see page #6\). Table 3, as suggested by the reviewer has been removed. We have accordingly shortened the text pertaining to conditioning regimens and have move it as sub-heading under "Allogeneic HCT in CR1" \(Please see page #11\).](#)

(2) The article is well written and timely. I recommend acceptance in its current form. Congratulations.

[Answer: Thank you.](#)

(3) The authors reviewed relevant factors of AML in clinical trials to estimate the optimal therapeutic modalities in AML patients. Through deliberate analyses based on the information of clinical trials and relevant studies, the authors give us a good suggestion to consider the curative option in AML patients. As mentioned in Figure. 1, the authors gave a summary in clinically useful algorithm for optimal consolidation for AML patients based on cytogenetic and molecular genetic aberrations. In agreement with the authors' concept, continued research is needed to better define preferred treatment modality even though stratification by cytogenetic- and molecular-risk and alternative grafts based on available data of AML patients significantly help decision of therapeutic strategies. However, it seems insufficient on the further direction of allo-HCT for AML. Besides current state in AML therapy, the authors should describe more about feasible strategies for optimal consequence. As the examples mentioned by the authors, FLT3 inhibitors post allo-HCT in FLT3+ patients, hypomethylating agent administration to

eradicate minimal residual disease, total marrow irradiation programs and/or immune-radioisotope-based conditioning, or plerixafor for sibling donor mobilization, these speculations seemed much attractive than the practical therapies nowadays. It would be much better if the authors look into these hypotheses. More clear and definite proofs accompanied cytogenetic- and molecular- evidences would be a great help for the future directions in treatment of AML. Minor concerns: 1. On page 9, line 14, "higher 2-year relapse incidence (16% vs. 30%; P = .006)" should be "higher 2-year relapse incidence (30% vs. 16%; P = .006)". 2. In some sentences, "et at" should be "et al.". (e.g. page 8, line 23; page 10, line 5 and 8) 3. On page 12, line 22, "offset by a much lower lower relapse rate" should be "offset by a much lower relapse rate".

Answer: We have modified the future directions section of our review, according to the excellent suggestions by the reviewer.

1. On page 9, line 14, "higher 2-year relapse incidence (16% vs. 30%; P = .006)" should be "higher 2-year relapse incidence (30% vs. 16%; P = .006)". THIS HAS BEEN CORRECTED.

2. In some sentences, "et at" should be "et al.". (e.g. page 8, line 23; page 10, line 5 and 8). THIS HAS BEEN CORRECTED.

3. On page 12, line 22, "offset by a much lower lower relapse rate" should be "offset by a much lower relapse rate". WE HAVE CORRECTED THIS ERROR.

### **3 References and typesetting were corrected to include PMIDs and DOIs.**

Thank you again for publishing our manuscript in the *World Journal of Stem Cells*.

Sincerely yours,

Mehdi Hamadani, M.D.

Associate Professor of Medicine

Division of Hematology & Oncology

Medical College of Wisconsin & CIBMTR

9200 West Wisconsin Avenue

Milwaukee, WI 53226

Email: [mhamadani@mcw.edu](mailto:mhamadani@mcw.edu)

Office: (414) 805-0643