

Dear edits

Re: Manuscript ID: 76958 and Title: Tislelizumab-related enteritis successfully treated with adalimumab: a case report.

Thank you for your letter comments concerning our manuscript. We have read through comments carefully and have made corrections. Based on the instructions provided in your letter, we return the revised manuscript by mail. We would love to thank you for allowing us to resubmit a revised copy of the manuscript and we highly appreciate your time and consideration.

Sincerely,

Na Chen.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Please correct the grammar again: few points aren't clear like: . "The patient was continued received the treatment of pemetrexed/ carboplatin after symptoms" - the patient continued receiving... "A 61-year-old man The patient was referred to our institution on day 19 after the last treatment for lung cancer, because of symptoms were aggravated, with the frequency of diarrhea up to 20-30 times/day." 61 year-old male patient with Diagnosis...

Reply: we corrected the grammar, and highlighted in manuscript.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: GENERAL - English language needs extensive and careful revision: there are several grammar inconsistencies since the beginning of the manuscript. INTRODUCTION - This section must be definitely expanded. The authors should provide the main concept about the biological treatment of lung cancer and tislelizumab as a biological agent. (see: Expert Opin Investig Drugs. 2020 Dec;29(12):1355-1364. doi: 10.1080/13543784.2020.1833857)

Reply: Thank you. We have expanded the introduction and highlighted in manuscript.

CASE PRESENTATION - It should be more detailed, especially as regards the main topic of the case report (enteritis). - One or more tables providing a detailed picture of the laboratory

parameters are needed. - It is not clear the rationale by which the authors used adalimumab - Moreover, HS016 is defined as an adalimumab biosimilar. Was it approved according to the standards of the main drug regulatory agencies (EMA, FDA, WHO) or should it be considered an intended copy?

Reply: Thank you. First, we added a figure to illustrate the treatment process. Second, we added the reasons for use of adalimumab in the discussion section, and highlighted in manuscript. Last, HS016 was approved according to the standards of main drug regulatory agencies in China.

DISCUSSION - To be completely reorganized. It is dispersive and clear points should be discussed. As a consequence, the conclusion is not clear and precise take home messages should be provided. - The authors should point out the wide number of clinical and pathological settings where adalimumab is used, including pediatric and adult disorders (refer to: Bechet disease: *Rheumatol Int.* 2019 Jun;39(6):1107-1112. doi: 10.1007/s00296-019-04300-0; uveitis: *Am J Ophthalmol.* 2022 Mar 18:S0002-9394(22)00108-8. doi: 10.1016/j.ajo.2022.03.017; ulcerative colitis: *Inflamm Bowel Dis.* 2022 Mar 2;28(3):e36-e37. doi: 10.1093/ibd/izab260; etc.)

Reply: Thank you. We have reorganized the discussion part, deleted some content, and added the introduction and application of adalimumab and highlighted in manuscript.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This case report described the case of a patient developing a tislelizumab-induced enteritis successfully treated with adalimumab (ADA). The degree to which the paper is easy to follow and its logical flow is good. The results are novel, and the study provides an advance in the field.

Reply: Thank you.