

Manuscript NO: 78473 revision

Dear Editor,

Many thanks for your consideration of our manuscript “Glucocorticoids combined with tofacitinib in the treatment of Castleman's disease: A case report” (Manuscript NO: 78473). We appreciated comments and suggestions from the reviewers. We have responded to the comments in this letter and submitted a revised version of the manuscript that addressed the points as reviewers suggested. The relevant reviewers’ comments (**in bold**) and our responses were presented below.

We hope that the revised version of our manuscript will be acceptable for publication in the journal of *World Journal of Clinical Cases*.

I look forward to hearing from you soon.

Sincerely yours,

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Point-by-point responses to the reviewer' comments:

First of all, we thank all the reviewers for their positive and constructive comments and suggestions.

Reviewers' comments:

Reviewer #1:

1. The manuscript requires English editing to correct the grammar or flow.

Answer:

Thank you for the comment. The article has made appropriate changes to the grammar.

2. The diagnostic process for this patient was vague, and the basic pathological types were not clearly stated. The differential diagnosis is also insufficient.

Answer:

The patient had swollen lymph nodes, ascites, splenomegaly, and elevated CRP and ESR in many parts of the body. The histopathology of lymph node biopsy was consistent with Castleman disease, and the diagnosis was IMCD; The patient was IMCD, and the histopathology was consistent with HV characteristics and should be divided into hypervascular type(Line 201-215).The patient has a large number of ascites and has lived in a high incidence area of tuberculosis for a long time. PPD and T-SPOT are positive and need to be vigilant. However, the patient has no symptoms of tuberculosis poisoning, the smear of Mycobacterium tuberculosis in ascites is negative, the mycobacterium culture does not show the growth of Mycobacterium tuberculosis, the diagnostic anti-tuberculosis treatment is ineffective, and tuberculosis is not considered temporarily; The patient's autoimmune disease-related examination has no obvious abnormality, and autoimmune disease is not considered for the time being; The patient's PET-CT suggested that the lymph node metabolism was not high, and the pathological biopsy suggested benign hyperplasia, and lymphoma was not considered.(Line 178-198).

3. Many statements in the abstract are inaccurate, such as "Currently, most patients with Castleman's disease are treated with IL-6 inhibitors, But some patients have poor clinical outcomes." However, it is well known that surgical resection is preferred for UCD patients. Such imprecise statements would bring the impression of being

unprofessional.

Answer:

The statement "Currently, most patients with Castleman's disease are treated with IL-6 inhibitors, But some patients have poor clinical outcomes." in the summary has been modified to "At present, idiopathic MCD (iMCD) is mostly treated with IL-6 inhibitors, but some patients have poor clinical outcomes".(Line26-28)

4. This article was intended to highlight the innovation in treatment options, but the treatment modalities and efficacy were expressed very roughly. Its conclusion "Glucocorticoids combined with tofacitinib is an effective method for the treatment of CD." is not convincing.

Answer:

During hospitalization, intravenous infusion of methylprednisolone (100ml 0.9% sodium chloride + 40mg methylprednisone) was given once a day and oral tofacitinib citrate 5mg twice a day. After discharge, tofacitinib 5mg was taken orally twice a day. The hormone was taken orally and gradually reduced to discontinuation (Line218-224).After one week of hospitalization, the patient's ascites decreased, and her ESR and CRP would return to normal. After discharge, she continued to take tofatib. So far, her condition is stable and has not recurred.(Line227-234).

Reviewer #2:

1. Abstract Case Summary line 1 “multicente”r should be “multicentric”.

Answer:

"Multicenter" R has been modified to "multicentric".(Line26)

2. Introduction second paragraph first line the first description date is given as “1850s”. However CD is first described by Benjamin Castleman in 1950s. It should be checked.

Answer:

The time when the CD was first described has been modified.(Line66)

3. Introduction second paragraph fifth line “asymptomatic MCD (aMCD)” is not a type reported in standard classification. Some patients are clinically asymptomatic but this is not a specific type of disease.

Answer:

It has been modified according to the standard.

4. Case Presentation 1.2 first paragraph line 18 “antituberculosisous” is written wrong.

Answer:

Has been modified to the correct vocabulary.(Line92)

5. Case Presentation 1.2 second paragraph it is written that PET CT is performed to exclude tumor diseases. SUV max values should better be mentioned also. Because the values can help excluding especially lymphoma when below 8.

Answer:

The maximum value of SUV has been added to the PET-CT results.(Line157-164)

Reviewer #3:

1. Recently, histology of Castleman disease is classified to 5 category; Hyalin-vascular type, Plasma-cell type, Mixed type, Hypervascular type and Plasmablastic type by CDCN classification (Ref 5,7). What is the histological classification as Castleman disease of this case? *Recently, the term "Hyalin-vascular type" can be used for UCD only. Therefore, don't use Hyalin-vascular type for this case.

Answer:

According to the references, the histopathology of Castleman disease has been classified into 5 categories, including Hyalin-vascular type, plasma-cell type, mixed type, hypervascular type and plasma type The histopathology of this patient should be divided into hypervascular type. (Line 256-263)

2. In MCD patients, clinical symptoms of TAFRO syndrome are important, so add description about TAFRO syndrome. TAFRO syndrome was born and grown in Japan,

thus use Japanese criteria for Table2 (Ref.f).

Answer:

Table 2 has been modified according to the references, and the iMCD tafo Japanese diagnostic criteria are used in the table.

3. If you excluded tuberculosis for this case, how do you explain the presence of acid-fast bacteria?

Answer:

The patient's ascites acid-fast bacillus smear did not find acid-fast bacillus. Due to the writing and translation errors in the original text, "not found" was translated into "found", which has been changed now. (Line 117)

4. In introduction part, the author described that CD was first described in 1850s. However, the 1st report of CD is Cancer 9:822,1956, thus please correct this sentence.

Answer:

The time when the CD was first described has been modified.(Line66)