Dear colleagues,

I am pleased to submit the revised version of the manuscript entitled "**Immunotherapy in Glioblastoma Treatment: current state and future prospects**" (Manuscript NO.:82796, Review) for consideration for publication in the World Journal of Clinical Oncology. Please allow me to express my sincere gratitude for your valuable and pertinent suggestions. We resolved all issues in the manuscript based on the peer review report and here we make a point-by-point response to each of the issues raised in the peer review report. The suggested changes are highlighted in YELLOW in the main text.

Reviewer #1 - The manuscript（NO: 82796）focused to the perioperative safety and prognosis following parenchyma-preserving surgery for SPT. The authors retrospectively analyzed 194 patients, 62 patients underwent parenchyma-preserving pancreatectomy including middle segment pancreatectomy and enucleation, and pointed out that parenchyma-preserving surgery did not increase the frequency of perioperative complications or recurrence and might be preferable if comprehensive conditions allow. However, some following questions are worth discussing. 1. Which patients should undergo organ preservation surgery and what are the indications for surgical choice? 2. What is the basis for the age stratification subgroup analysis? It is recommended to use stratified analysis of imaging pathological features, which is an important basis for the selection of surgical methods. 3. It is recommended to add logstic multivariate analysis to the risk factor analysis of tumor recurrence. In addition, there are some grammatical errors, and the research focus and features are not focused enough.

Reply:

Dear reviewer #1,

I appreciate the attention and effort, but I think there was a misunderstanding regarding the review. The comment is referring to some other manuscript, since the issues referred to are not part of the subject of our article. Perhaps there was a mistake in the review process.

Reviewer #2 - Dear Editor, Thank you so much for inviting to review this interesting piece of work which discusses an important, timely, emerging topic in glioblastoma treatments. Some changes are required: - A linguistic revision should be performed by a professional service since there are some grammar mistakes and oversights to be corrected. It would be helpful. - The authors should include a personal perspective regarding how immunotherapy and immune-based combinations may modify the current and future treatment scenario of glioblastoma. - A focus on predictive biomarkers is needed. This is the major issue of the manuscript. The authors should discuss potential biomarkers in cancer immunotherapy, ranging from PD-L1, MSI, TMB, concomitant medications, etc, and should add some recently published
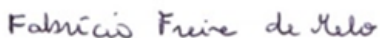
papers regarding this topic, only for a matter of consistency (PMID: 34894318; PMID: 32994319 ; PMID: 36368251; PMID: 36414800).

Reply:

Dear reviewer #2,

Thank you for your pertinent suggestions. The comments you made on our manuscript were very important to the improvement of its quality and we are grateful for your crucial help. We hope that our work can add useful knowledge to clinical practice. As suggested, we have revised the writing and corrected the grammatical errors found in the text. Furthermore, we added on the topic "Immunotherapy Limitations and Challenges" a personal perspective regarding how immunotherapy and immune-based combinations may modify the current and future treatment scenario of glioblastoma, and also a brief insight on predictive biomarkers, as suggested.

Sincerely,

Fabrício Freire de Melo, PhD

Professor,

Federal University of Bahia, UFBA