

Dear Editor,

Many thanks for your letter concerning our manuscript entitled “**Anti-phospholipase A2 receptor-associated membranous nephropathy with HIV infection treated with telitacicept: A case report** (*Manuscript No. 84199*)”. We really appreciate the professional and enthusiastic work from you and reviewers. Those comments are all valuable and helpful for improving our paper and research. The point-by-point answers to the comments from reviewers were listed below. We would like to re-submit this revised manuscript to *World Journal of Clinical Cases*, and hope it is acceptable for publication in the journal.

Reviewer #1:

Scientific Quality: Grade C (Good)

Response: Special thanks for your professional comment. The clinical management of Anti-PLA2R-MN concurrent with HIV infection presents significant challenges, primarily due to potential unregulated immune responses. Herein, we reported a 32-year-old Chinese male diagnosed with HIV infection presented with a clinical history of proteinuria persisting for over two years. The therapies of tacrolimus and rituximab were both failed in the patient. After treatment with subcutaneous injections of telitacicept (160 mg once a week) for three months, the patient's 24-hour urinary protein levels declined to 2869.76 mg, the serum albumin level rose from 22.35 g/L to 28.22 g/L, and the serum creatinine decreased to 112.7 umol/L. No adverse events, such as respiratory infections or diarrhea, were observed during the treatment. We

proposed that telitacicept might offer a potential therapeutic avenue for patients diagnosed with anti-PLA2R-MN concomitant with HIV infection.

Language Quality: Grade B (Minor language polishing)

Response: Thank you very much for reminding us the need of textual editing. Our manuscript has been polished by a native English-speaking expert. The language editing certification has been provided along with the manuscript. We hope the revised manuscript could meet with approval. Thanks again.

Conclusion: Accept (General priority)

Response: Thank you very much for your precious comment and positive evaluation.

Specific Comments to Authors: Well written manuscript.

Response: Many thanks for your professional review and positive evaluation.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Response: Special thanks for your professional comment. The clinical management of Anti-PLA2R-MN concurrent with HIV infection presents significant challenges, primarily due to potential unregulated immune responses. Herein, we reported a 32-year-old Chinese male diagnosed with HIV infection presented with a clinical history of proteinuria persisting for over two years. The therapies of tacrolimus and rituximab were both failed in the patient. After treatment with subcutaneous injections of telitacicept (160 mg once a week) for three months, the patient's 24-hour urinary protein levels declined to 2869.76 mg, the serum albumin level rosed from 22.35 g/L

to 28.22 g/L, and the serum creatinine decreased to 112.7 umol/L. No adverse events, such as respiratory infections or diarrhea, were observed during the treatment. We proposed that telitacicept might offer a potential therapeutic avenue for patients diagnosed with anti-PLA2R-MN concomitant with HIV infection.

Language Quality: Grade B (Minor language polishing)

Response: Thank you very much for reminding us the need of textual editing. Our manuscript has been polished by a native English-speaking expert. The language editing certification has been provided along with the manuscript.

Conclusion: Accept (General priority)

Response: Thank you very much for your precious comment and positive evaluation.

Specific Comments to Authors: The authors reported a case of anti-PLA2R-MN with HIV infection in which telitacicept was effective for reducing proteinuria.

Response: Many thanks for your professional review. We think that telitacicept might offer a potential therapeutic avenue for patients diagnosed with anti-PLA2R-MN concomitant with HIV infection.

We revised our manuscript according to your comments. These changes will not influence the content and framework of the paper. We earnestly appreciate for your professional work, and hope that the revised manuscript will meet with approval.

Once again, thank you very much again for your comments and suggestions.

Sincerely yours,

Hongli Lin