

Dear Reviewers,

We would like to express our appreciation for the positive feedback regarding the quality and relevance of our paper. We are pleased that you found the description and discussion of our findings to be well-founded and the bibliography to be pertinent and up-to-date.

Reviewer Comment 1: Minor modifications have been required. Excerpts that deserve special attention in terms of writing were drawn in yellow. Include the suggested references.

Response: We appreciate the reviewer's effort in highlighting specific areas for improvement. We have reviewed the highlighted excerpts and made necessary revisions for clarity and conciseness (highlighted in Red). Additionally, we have incorporated the suggested references into the manuscript as follows:

- Reference: Bassel K El-Zorkany and others, "Tumor necrosis factor-alpha and neuropsychiatric lupus erythematosus: relation to single photon emission computed tomography findings," Modern Rheumatology, Volume 13, Issue 3, 1 September 2003, Pages 250–255.
- Reference: Postal M, Lapa AT, Reis F, Rittner L, Appenzeller S, "Magnetic resonance imaging in neuropsychiatric systemic lupus erythematosus: current state of the art and novel approaches," Lupus, 2017 Apr;26(5):517-521.

Reviewer Comment 2: I would only suggest including disease duration and duration of the treatment in the statistical analysis.

Response: We appreciate this valuable suggestion. Acknowledging the importance of including disease duration and treatment duration in the statistical analysis for gaining deeper insights into the relationship between miR-125a expression, cytokine levels, and disease progression, we must highlight that, regrettably, complete patient data were not accessible for this study.

Consequently, due to numerous missing data points, we have acknowledged this limitation in our manuscript and suggested it as an area for future research.

(This study has limitations due to incomplete data on disease duration and treatment duration for some of the included patients. The presence of substantial missing data in these key variables prevented a comprehensive analysis of their potential impact on the observed results. Future research with complete and well-documented patient data, including disease duration and treatment history, is essential for a more thorough investigation of the relationships explored in this study. Addressing these limitations will enhance our understanding of the diagnostic and prognostic markers in SLE and inform more effective therapeutic strategies.)

Reviewer Comment 3: Concerning the relation of TNF- α to different SLE clinical manifestations, only patients with CNS involvement have significantly higher TNF- α levels than those without CNS involvement. The serum TNF- α level is significantly raised in lupus patients in general, and in patients with NPPE in particular. There is also a significant increase in TNF- α levels in patients with multiple focal pattern hypoperfusion, which is the most frequent SPECT pattern in NPPE patients.

Response: We appreciate the reviewer's input regarding the relation of TNF- α to different SLE clinical manifestations. We included this important information in our manuscript, specifying the significant differences in TNF- α levels among patients with CNS involvement, those with NPPE, and those with specific SPECT patterns.

Best regards,

Corresponding author

Editor-in-Chief of World Journal of Experimental Medicine

Dear Dr. Fang Gong,

RE: Response to Editor-in-Chief's Review Report for Manuscript No. 86933

I would like to express my gratitude to you for your constructive comments and valuable feedback on our manuscript titled "Altered expression of miR-125a and dysregulated cytokines in systemic lupus erythematosus: Unveiling diagnostic and prognostic markers," submitted to the World Journal of Experimental Medicine.

We have thoroughly considered the insightful remarks provided, and we have taken necessary steps to address the concerns raised in the review report. Please find our responses to the comments outlined below:

1. Regarding the length of the introduction, we have revised it to better emphasize the significance of our research while ensuring conciseness and clarity for the readers.
2. We acknowledge the confusion arising from the mention of PDCD4 and IL-10 in the Abstract. After careful reevaluation, we recognize that this was an inadvertent error, and we have rectified this inconsistency by ensuring coherence between the Abstract and the actual results section, and removing them from the abstract.

We believe that these modifications have significantly improved the clarity and accuracy of the manuscript, aligning it more closely with the objectives and scope of the journal. We sincerely appreciate the time and effort invested by you in the review process.

Thank you once again for your valuable guidance and support.

Best regards,

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