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PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 89322

Title: New Strategies in the Diagnosis and Treatment of Immune-Checkpoint Inhibitor-Mediated Colitis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Dear editors,

Dear reviewers,

Thank you for your time to review our paper. We acknowledge that our paper might have some issues in conformity with the referees` comments. We have addressed them and revised the manuscript accordingly. Changes are visible as highlighted and/or track changes.

We sincerely thank the three reviewers for their thorough and helpful comments and suggestions. We have addressed all of the raised queries and responded to all reviewers' comments.

We believe that you find these changes satisfactory, and the revisions have substantially improved the quality of the manuscript.

Reviewer's code: 01489938

SPECIFIC COMMENTS TO AUTHORS

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This is a very interesting review article about IMC. The authors have thoroughly and clinically summarized the most recent data on the clinical, pathological, histological, and molecular background of IMC and therapeutic recommendations from several perspectives.

- Dear reviewer, thank you for your time to review our paper. We acknowledge that our paper might have some issues in conformity with the referees` comments. We have addressed them and revised the manuscript accordingly. Changes are visible as highlighted and/or track changes.

However, some points need improvement: According to the search strategy used in the study, this is a systematic review: how were the PRISMA 2020 guidelines followed? Please indicate the flow chart as well.

- We appreciate the reviewer's attention to the methodology. While our review follows the systematic review approach, we acknowledge that explicit adherence to PRISMA 2020 guidelines and the inclusion of a flowchart are essential. We revised the manuscript accordingly, providing a comprehensive flowchart following the PRISMA 2020 guidelines to enhance transparency in our systematic review process.

Introduction: "The prevalence of IMC may be lower" —"underestimated" is a better term instead of "lower".

- We thank the reviewer for the suggestion. Indeed, "underestimated" is a more accurate term to convey the prevalence of IMC. We made this improvement in the manuscript to enhance the precision of our language.

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In Figure 3, B and C images are from the same tissue section; C has a higher magnification. The B image is unnecessary to show because crypts are not represented lengthwise but crosswise.

- The observation of the reviewer is absolutely correct - in Figure 3B and C images are from the same tissue section, but at different magnification. That is because this biopsy is material taken by colonoscopy, not from a colonic resection, which means it is sparse, single, and about 2-3 mm in size. In addition, the different magnifications are given because in the routine practice of pathologists, setting correct diagnosis requires biopsy to be viewed at all magnifications: the lowest and the medium and the highest. Therefore, we believe that it is necessary (for pathologists) and correct to visualize different images from the same biopsy. Regarding crypt abscesses, yes, they are not presented longitudinally, but transversely, because in almost 99.9% of cases in the daily practice of colonoscopy material, they have a round shape and not elongated, but the shape of the crypts is not important, and this does not change the diagnosis.

After corrections, I suggest to accept the manuscript for publication.

- We are grateful for the positive feedback and the recommendation for publication after corrections. We diligently addressed the outlined issues, incorporating the suggested improvements to meet the standards for publication.

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PEER-REVIEW REPORT

Reviewer's code: 03721258

SPECIFIC COMMENTS TO AUTHORS

Immune-Checkpoint Inhibitor-Mediated Colitis (IMC) is an increasingly recognized adverse event in cancer immunotherapy, particularly associated with immune checkpoint inhibitors (ICIs) such as anti-CTLA-4 and anti-PD-1 antibodies. It is not an interesting manuscript. Authors cannot succeed to present their idea in a clear way adding information to the existing literature.

- We appreciate the reviewer's feedback and their perspective. However, we respectfully disagree with their assessment of the manuscript. Immune-Checkpoint Inhibitor-Mediated Colitis (IMC) is a critical topic in the context of cancer immunotherapy, especially concerning immune checkpoint inhibitors (ICIs) like anti-CTLA-4 and anti-PD-1 antibodies.
- Our manuscript aims to contribute valuable insights and a comprehensive understanding of IMC, emphasizing its clinical significance and the associated challenges. We believe our work adds clarity to the existing literature by providing a detailed analysis of the mechanisms, diagnostic approaches, and treatment strategies for IMC.
- We acknowledge that the interpretation of interest can vary, but we are confident in the significance of our contribution to the field. We have carefully addressed and incorporated relevant information, ensuring the manuscript's clarity and relevance.
- We thank the reviewer for their input and respectfully request a reconsideration

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of the manuscript's merit, emphasizing its potential contribution to the understanding of IMC in the context of cancer immunotherapy.