

Reviewer #1

We read with interest the review letter submitted by Ielasi, et al. The article addressed the risk of reactivation in patients with chronic or past/resolved HBV infection receiving chemotherapy or immunosuppressive drugs, and starting an antiviral prophylaxis and encouraging further studies to cover the area of uncertainty, especially for Past/resolved HBV patients. The letter is a reflection on the recent review article submitted to the journal, by Mac et al, 2023, where the letter addressed to whom and the reason for prevention and management of hepatitis B virus (HBV) reactivation in the setting of hematologic malignancies in the era of new targeted therapies, especially CAR-T cell therapy and ICIs . Avoidance and management of HBV reactivation with these new therapies is still mandate and thus requires further researches. The letter is plausible, and the authors cited relevant updated references, however, certain issues have to be considered: Language editing is advisable, where some sentences are unclear. The suggested antiviral therapy is better to be addressed. Chimeric antigen receptor (CAR -T cell therapy) has to be fully written, when mentioned for the first time.

Thanks for your suggestions.

We performed a further English editing, and we fully wrote CAR-T as you suggested.

Concerning the suggested antiviral therapy, we advertise to refer to the national/international guidelines of HBV management. However, we added few lines about this topic.

Reviewer #2

This article provides a detailed reading and full interpretation of the recently published article by Mak et al. The author cited a series of evidences to support the conclusion of the paper, but also pointed out the shortcomings and provided strong evidence. The weakness of this paper lies in the lack of supporting evidence for the argument, and it is suggested that the author provide more evidence to support the deficiencies in the article of Mak et al.

Thanks for your comments. We are pleased to receive your positive feedback.

The aim of our letter is to enhance the issue that there is still a lack of information about this topic.

As requested, we provided some further evidence supporting the recommendations suggested by Mak et al.

At the same time, we added few lines about the ongoing trials about the ICI-based strategy for the treatment of CHB patients.