

Reviewer: *This is a well—written paper containing interesting results which merit publication. Hepatitis B virus (HBV) reactivation may occur spontaneously, during or after antiviral therapy, or when receiving immunosuppressive chemotherapy. The authors summarize current strategies for hepatitis B activation : administering anti-HBV prophylactic treatment with nucleotide analogues is advisable for patients receiving TKIs for hematologic malignancies who exhibit either positive HBsAg or resolved HBV infection with detectable HBV DNA, while close monitoring and on-demand NA therapy is warranted in HBsAg- (low risk of HBVr). The authors advocate for regular updates on the risk of HBVr associated to specific drug classes, and emphasized that type of tumor (solid or hematologic) should be analyzed as a possible risk factor for deciding when to start antiviral prophylaxis. The wording and style of some sections need careful editing. Attention should be paid to: 1. Uppercase and lowercase writing : HBsAg and HbsAg. 2. The unit of aminotransferase is U/L, not IU/L. 3. Abbreviation and full name: the last sentence in the first paragraph of the text is the first time ULN appears. The full name should be written here instead of appearing in the fourth paragraph of the text. Although this paper is good, it would be even better if some extra data were added. If the patient's pre-treatment HBV DNA value is supplemented to exclude latent hepatitis B infection, the data will be more convincing*

Thanks to the reviewer for the comments and suggestions.

We edited the wording and style of sections as proposed; additionally, we provided data on pre-treatment HBV DNA value, which was not detectable, supporting our strategy of biochemical monitoring during treatment.