

Dear Editor and Reviewers,

We would like to express our sincere gratitude for taking the time and effort to review our paper. Your suggestions have been very helpful to our research, and we have made revisions to the paper based on your comments, which have played an important role in improving the quality of our manuscript.

**Reviewer #1:**

**Scientific Quality: Grade B (Very good)**

**Language Quality: Grade A (Priority publishing)**

**Conclusion: Minor revision**

**Specific Comments to Authors: The comments for the manuscript titled Pharmacogenomics-based individualized treatment of hypertension in preterm infants: a case report and review of the literature are given as follows . 1. Title: The given title is suitable and it reflect the main subject of the manuscript. 2. Abstract. The abstract summarize and reflect the work described in the manuscript. 3. Key Words. The key words are not given in the manuscript 4. Background. This is a case report. The description of case presentation is confusing. As it appears that the case is not presented in the sequence of the event of clinical presentations as it may have**

happened. It may be categorically mentioned that such case is not reported ever. 5. Methods. The methodology is neither given nor required. The dose of amlodipine may be given to define low, optimal and high dose. 6. Results. The outcomes are presented in a proper way 7. Illustrations and tables. Figures 1, 2 and 3 clear and readable. 8. References. There is enough number of references. 9. Quality of manuscript organization and presentation. The manuscript is concisely and coherently organized. 10. Research methods and reporting: authors followed CARE guidelines for reporting this case report. 11. Ethics statements. The statement given under this heading may be revised. Here the patient is a preterm infant. He cannot sign written informed consent form himself.

**Reviewer #1 Comment3:** You mentioned that the key words are not given in our paper.

**Response:** Thank you very much for pointing out this issue. The keywords are Pharmacogenomics, hypertension, preterm infants. Maybe we forgot to highlight them, and now we've got them in yellow.

**Reviewer #1 Comment4:** You mentioned that we didn't present the case in the sequence of the event of clinical presentations.

**Response:** Thank you for your valuable suggestions. We understand your

concern about the order of case presentation and agree that it will make it easier for the readers to follow the clinical course of the case. We also appreciate your comment on the uniqueness of the case and we will clarify it in the revised manuscript.

The case presentation consists of 7 paragraphs, including the history of pregnancy of the mother and delivery of the child, respiratory support therapy, kind of antibiotics, complications and special drugs, changes of echocardiographic, Bronchopulmonary dysplasia and hypertension occurred gave amlodipine, and adjustment of amlodipine dose according to pharmacogenome. Each paragraph describes the onset of the disease in chronological order with a different emphasis. Since hypertension appeared late in the patient's hospitalization, it was described at the end.

**Reviewer #1 Comment5:** You mentioned that we didn't present methodology in our paper.

**Response:** Thank you very much for pointing out this issue. We have ignored this problem. The dose of Amlodipine at 0.1mg/d was low, while at 0.075mg/d was optimal.

**Reviewer #1 Comment11:** You mentioned that the statement under the Ethics statements should be revised.

**Response:** Thank you very much for pointing out this issue. Due to the

patient was a preterm infant,he cannot sign written informed consent form himself,We obtained a signed informed consent form from his parents.

**Reviewer #2:**

**Scientific Quality: Grade C (Good)**

**Language Quality: Grade B (Minor language polishing)**

**Conclusion: Accept (General priority)**

**Specific Comments to Authors: Very interesting case, especially the thought to send the patient's blood for genetic testing. I am not an expert in this field, however I learned a lot from reading this interesting case report. Well done. I do believe there might be a typo in that you state that the baby was first given nifedipine (0.1 mg, once daily) orally and then you state that the dosage of amlodipine was decreased to 0.075 mg. Was the baby given nifedipine to start or amlodipine? You also state that enteral nutrition support was administered for a long time but in the next sentence you describe total parenteral nutrition- related cholestasis and liver function impairment. Can you clarify if the patient was given EN or TPN and for how long?**

**Reviewer #2 Comment 1:** You mentioned that we used the wrong name for a medication in our paper.

**Response:** Thank you very much for pointing out this issue. Indeed, it was an oversight on our part, and the medication we used in our study was Amlodipine, not the medication we mistakenly wrote in our paper. We have corrected this error in our manuscript.

**Reviewer #2 Comment 2:** You inquired about the timing of enteral and parenteral nutrition.

**Response:** We apologize if we did not make this clear in our paper. In our study, enteral nutrition was initiated on the second day of life and continued until the patient was discharged. Parenteral nutrition was initiated on the second day of life and continued until the 29th day of life. We have clarified this point in our manuscript.

Thank you again for your valuable comments. If there are any other points that need clarification or revision, please do not hesitate to let us know.

