

Answering Reviewers

Dear Editor at the World Journal of Clinical Cases,

Thank you for the review and good evaluation of our manuscript called "NIVOLUMAB-INDUCED TUMOR-LIKE GASTRITIS: A CASE REPORT AND LITERATURE REVIEW." We greatly appreciate the reviewers' time and have carefully considered their comments.

We are also thankful for the possibility of publishing our manuscript in the World Journal of Clinical Cases. We have revised the manuscript accordingly and are now submitting the revised version.

Below is our response to each point raised by the reviewers.

Answers to reviewers

Dear Reviewers,

Thank you for your thoughtful and profound comments. We agree with them and have supplemented our clinical case accordingly. Please find below our explanations about changes in the manuscript as a response to your remarks.

Reviewer #1 (ID 05394499):

Remark 1: You haven't cited Table 1 in your text. Please cite Table 1 in the text (before Table 2).

Answer: Thank you for noticing it. Per your suggestion, Table 1 was cited on page 3 (page 3, second paragraph of the Introduction subsection).

Remark 2: ICI-induced colitis is a much more common situation than the ICI-induced gastritis. Please explain why you did not perform a colonoscopy in a patient with gastrointestinal symptoms under Nivolumab. This should have been conducted, even if the GI-symptoms were rather characteristic for the upper GI-system.

Answer: At first, it was assumed that the patient had pathology that was unrelated to the use of nivolumab. The patient had pronounced upper gastrointestinal symptoms, so

initially colitis was not considered the primary diagnosis. A short explanation is provided on page 7, under the subsection "Imaging Examinations."

Remark 3. Please provide more detailed the cites of multiple biopsies during the upper gastrointestinal endoscopy.

Answer: we have provided more detailed information about gastric mucosa biopsies in the Table 1.

Remark 4: . Please provide histology pictures if available

Answer: Unfortunately, due to institutional differences, histology pictures are not available.

Reviewer #2 (ID 06286982)

Remark 1: A linguistic revision is needed

Answer: Language editing was performed.

Remark 2. A timeline which may summarize the main events of this case report (a figure, not a table) would be helpful

Answer: A timeline is a valuable visual tool to summarize the events of a case. However, we believe that the table would allow us to showcase some of the finer details in our case, for example, the changes in histological examinations.

Remark 3. Despite ICI seem to have finally found their role in several tumor types as monotherapies or as part of combinatorial strategies, several questions remain unanswered. Among these, the lack of validated biomarkers of response represents an important issue since only a proportion of patients benefit from immunotherapy. Based on these premises, a greater understanding of the role of potential biomarkers including programmed death ligand 1 (PD-L1) expression, tumor mutational burden (TMB), microsatellite instability (MSI) status, gut microbiota and several others is fundamental. In addition, clinical trials on immunotherapy widely differed in terms of drugs, patients, designs, terms of study phases, and inconsistent clinical outcomes. The background of the changing scenario of medical treatment in should be better discussed, and some recent papers regarding this topic should be included (PMID: 34793275; PMID: 36368251; PMID: 34976841 ; PMID: 35403533).

Answer: Thank you for these recommendations. We have reviewed the recommended publications and included some recent publications that refer to the broader context and background of the ICI therapy and mention biomarkers of response (last paragraph of the subsection "Discussion").