

First of all, we would like to thank the Editor and the Reviewers for the precious suggestions we tried to incorporate in our manuscripts. In fact, some changes (marked as yellow-colored) have been made following most of such suggestions. Word count has been slightly increased and references have been added (93 references are currently present). A table was included.

Moreover, English revision has been provided.

Below there are our responses to reviewers' comments:

**Referee n. 00646519**

**Authors should be more prudent when they mention that: "...PSORS1 which is the strongest candidate gene for psoriasis identified to date." Psoriasis is a multifactorial disease with no Mendelian inheritance. And in the same sense, when they mention about the "penetrance of psoriasis.....was affected or (sic) a presumed gene carrier.**

Thank you very much. You are perfectly right. We softened the sentences and modified them as required.

**Article would be enriched if authors add some information (briefly) about subtype of psoriasis, malignancies and infections, masked hypertension , sexual behavioral, methylentetrahydrofolate reductase polymorphism, fatty distribution and their relation with gender.**

Thank you again. We added some information regarding malignancies and infections (HCV), masked hypertension , sexual behavioral, body fat distribution and their relation with gender. All these aspects have been discussed in the paragraph of "Comorbidities and clinical associations". Due to length reason, "Psoriatic arthritis" and Comorbidities and clinical associations" have been distinguished into two separate paragraphs. Instead, we preferred to avoid mention to methylentetrahydrofolate reductase polymorphism (because the available evidence is still controversial) and subtype of psoriasis (because the most relevant data were already examined and another reviewer suggested to shorten the text regarding general aspects).

**Referee n. 00646460**

**I think the article can be improved by including a table summarizing the gender differences in psoriasis.**

Thank you. This table was included.

**Referee n. 00646608**

**The article addresses an interesting topic, but it seems like it can be cut down in length to eliminate a lot of background information and concentrate more on the gender differences with respect to psoriasis. Also, the authors do not definitively say much about what they feel are the main gender issues at hand, which makes the article less useful.**

Also considering the cumulative suggestions of all reviewers, we preferred to maintain the background information. Moreover, we did not add personal considerations in order to avoid redundant concepts and to increase the manuscript's length. Most of the main gender issues appear to have a preliminary nature and need to be more in depth studied before drawing definite conclusions.