

## Answering reviewers

### Reviewer #1

Thank you for reviewing our manuscript and for your thoughtful reflection. We edited the manuscript as effectively as possible with the documents we have. We are dependent on the medical reports at hand, which do not contain sometimes all the requested information.

The patient's symptoms are already described one sentence earlier (there are no more details at hand except the described food impaction and dyspepsia). We added endoscopic findings as wished, although we do not have eosinophilic count from 2012, which we now also mentioned in the manuscript.

We added details concerning oral glucocorticoids and intensified asthma symptoms. The patient underwent many gastroscopies. What we can say for sure that in the gastroscopy in 2014 there were strictures, but we do not know, if these strictures were apparent in 2012, as they are not described in the information we have. We added more details to therapy with PPIs and food.

Concerning asthma FeNO was consistently elevated (value before starting of treatment was FeNO 39 ppb (<30)), as documented through our pneumonologists. Due to Laboratory program changes, we couldn't find the serum eosinophils counts.

### Reviewer #2

We are pleased to learn, that you consider our case report interesting. We agree that further studies are needed concerning the role that IL-5 antibodies and anti-IL-5-receptor antibodies play in EoE. **We had our script checked by a native speaker.** As suggested by the other two reviewers, we did some adjustments to the scientific content.

### Reviewer #3

Thank you for reviewing our case report and for your valuable comments. We did some revision work on the basis of your suggestions and took into consideration the other reviewers.

Major issue 1: As the phase 3 study hasn't been published, we thank you for making us aware of its existence, we referenced it in our paragraph.

Minor issues. We now added patient's comorbidities. We made a correction as suggested. 6. and 7. The criticized sentence and whole paragraph should be clearer now. 8. We mention now a possible psychiatric comorbidity, which stricto sensu apart from the medications used hasn't been described in the past through our attending colleagues. We hope to be more consistent by that.

