

Prof Jin-Lei Wang
Editor-in-Chief
World Journal of Clinical Cases
October 2021

Re: Manuscript NO: 65737

Now entitled: Successful treatment of acute relapse of chronic eosinophilic pneumonia with benralizumab and without corticosteroids: A case report

Dear Prof. Wang,

Thank you for your letter from September 28, 2021 regarding the above, and your consideration of this manuscript for publication in *World Journal of Clinical Cases*, pending our addressing the reviewers' comments. We have revised the manuscript accordingly, and respond to the comments point-by-point below. Additionally, we have changed the title of the article to emphasize its novelty. We hope that in its revised version the manuscript will be found acceptable for publication in *World Journal of Clinical Cases*.

Sincerely yours,

Shimon Izhakian, MD, PhD
Corresponding author
The Pulmonary Institute, Rabin Medical Center, Beilinson Hospital
Petach Tikva, 49100 Israel
Telephone: +972-3-9377221
Fax: +972-3-9242091
E-mail: shimixyz@gmail.com

Reviewer #1:

Comment #1: You reported three cases in the manuscript, however you didn't mention in the title and abstract. And it would better that you would provide more details of diagnosis and treatment in the second case and the third case.

Response to comment #1: We agree with comment 1 of reviewer 2, and thus decided to omit cases 2 and 3 from the manuscript. Case 1 presents treatment of eosinophilic pneumonia in an acute flare of chronic state with benralizumab only, while cases 2 and 3 represented a combination of glucocorticoids and benralizumab in a more chronic state of the disease.

Comment #2: Is there the total eosnophils cell and differential cell count in Bronchoalveolar lavage fluid?

Response to comment #2: The patient did not undergo bronchoalveolar lavage fluid collection because the diagnosis of eosinophilic pneumonia was solid according to anamnesis, radiology, laboratory data and rapid response to corticosteroid treatment.

Comment #3: can you explain why the recurrence of the first patients.

Response to comment #3: Recurrence is common especially during glucocorticoid tapering or after discontinuation of corticosteroid treatment. We are currently not able to identify the patients who will progress from the chronic to the acute state.

Comment #4: You mentioned that “benralizumab therapy seems to be preferred in patients with comorbidities that are expected to be aggravated under OCS treatment”, then how to estimate the clinical effect of OCS treatment

Response to comment #4: We routinely estimate the response to treatment by anamnesis for dyspnea, lung function test and chest X ray.

Comment #5: The text of the manuscript needs to be edited in terms of writing and grammar.

Response to comment #5: The revised version of the manuscript was edited by a native English-speaking medical editor.

Reviewer #2:

Comment #1: Thank you for inviting me to review the manuscript titled " Successful treatment of eosinophilic pneumonia with benralizumab: A case report". In this paper, the authors describe a case successfully treated with benralizumab for acute relapse and briefly discuss the issue. This provides us with new option for therapy osinophilic pneumonia who suffer from side effects of corticosteroids or have contraindications for chronic corticosteroid treatment. However, in this study, case 2 and case 3: these patients were treated with prednisone and then with benralizumab. This is different from the successful treatment of chronic eosinophilic pneumonia with benarizumab alone.

Response to comment #1: The reviewer is absolutely right. Following this comment, we omitted cases 2 and 3 from the manuscript.

Comment #2: Case 1 : Chest X-ray (September 6, 2020) showed pulmonary infiltration and absorption. It is necessary to provide lateral view to compare with the next chest X-ray.

Response to comment #1: We thank the reviewer for this comment. We added the lateral chest X ray (Fig, 1 – picture D).

Reviewer #3:

Comment #1: Dear editor, thank you for inviting me to evaluate the article titled "Successful Treatment of Eosinophilic Pneumonia with Benralizumab: A Case Report". In the article, the author proposed that Benralizumab can serve as a good option for treatment of CEP. However, after a detailed evaluation, I personally think the structure of the article is not very clear and the content is not detailed enough. The specific problems are as follows: 1. Abstract-BACKGROUND mentioned: "Only 3 cases of successful treatment of CEP with Benralizumab alone without corticosteroids have been reported recently. We herein describe an additional similar case successfully treated with benralizumab for relapse and briefly discuss the issue.", but the following three cases are respectively introduced, and the first case is mainly introduced, while the following two cases are not accompanied by follow-up examination. I personally recommend that if there are already reported cases, there is no need to introduce them, and if there are not, they should be introduced in detail.

Response to comment #1: We thank the reviewer for this comment. We omitted cases 2 and 3 from the manuscript. We hope the presentation is now clearer.

Comment #2: In the first case mainly introduced, the follow-up time was a little short, so the possibility of recurrence could not be fully understood.

Response to comment #2: The reviewer is correct; the follow-up time was short. Nonetheless, the main point is clearly demonstrated, that benralizumab can treat acute relapse of eosinophilic pneumonia alone, without corticosteroids.

Comment #3: In the first case, there was a lack of long-term follow-up of . eosinophils, C-reactive protein, IgE, white blood cells and other results except the imaging results.

Response to comment #3: Following this comment, we added WBC, CRP and eosinophil levels to the "outcome and follow up" paragraph (page 5, first paragraph). We added IgE level at "laboratory examination" (page 4, second paragraph).

Comment 4: Lack of pathological results in diagnosis: for example, fibrobronchoscopy or lung biopsy.

Response to comment #4: Lung biopsy was not done. Lung biopsy is rarely necessary to make the diagnosis of eosinophilic pneumonia in patient with compatible anamnesis, radiology, blood eosinophilia and rapid response to glucocorticoids.

Comment 5: The chest radiographs on January 12, 2021 were not displayed in front position.

Response to comment #5: We have added the frontal view of the chest X-ray (Fig 1G).