

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: “Camrelizumab-induced anaphylactic shock in an esophageal squamous cell carcinoma patient: a case report and review of literature” was a good publication in general. I recommended it for publication.

Response: We are grateful for your careful reading and recognition of our manuscript.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: It is an interesting, updated and well-written case report. The authors discussed exhaustively the risk factors to develop a drug induced anaphylactic shock and it was very interesting to read the discussion about re-introducing or not camrelizumab after this serious adverse event. However, the authors don't tell about what they did specifically in this case. If they switch immunotherapy, which drug was chosen? And how did it go? Did they used some pre-medication?

Comment 1: “The authors discussed exhaustively the risk factors to develop a drug induced anaphylactic shock and it was very interesting to read the discussion about re-introducing or not camrelizumab after this serious adverse event. However, the authors don't tell about what they did specifically in this case.”

Response: Thank a lot for your critical reading, we have revised the text as follows:

It is very unfortunate that the patient refused to use camrelizumab again due to the patient's excessive fear of anaphylactic shock, even if the physician gave a sufficient explanation in this case.

Comment 2: “If they switch immunotherapy, which drug was chosen? And how did it go? Did they used some pre-medication?”

Response: Thank a lot for your critical reading, we had added the information in the revision:

It has not been conclusively determined which immune drug to change after the occurrence of camrelizumab-induced anaphylactic shock. Based on the published literature, switching to another type of anti-programmed cell death 1(anti-PD-1) antibodies seem to be a good choice, this approach has been successfully reported, with patients exhibiting relatively good clinical effects without allergic reactions^[5]. Another type of anti-PD-1 antibodies, nivolumab, is an immune checkpoint inhibitor with a similar mechanism of action that is effective for treatment. The adverse effect profile of nivolumab is similar to those of camrelizumab, so the drugs related to the prevention of allergic reactions should be given to the patient as premedication 30 minutes prior to the nivolumab infusion. But it is very expensive and cannot be included in insurance reimbursement in China. Therefore, the patient rejected the physician's suggestion to replace immunotherapy drugs, this also makes us very regretful.

5. Choi B, McBride A, Scott AJ. Treatment with pembrolizumab after hypersensitivity reaction to nivolumab in a patient with hepatocellular carcinoma. *Am J Health Syst Pharm.* (2019) 76:1749-52. PMID: 31612928 DOI: 10.1093/ajhp/zxz189