July 20, 2022

Dear editor,

Please find attached files of revised manuscript in word format.

Title: Myeloproliferative Neoplasms Complicated with $\beta\text{-thalassemia}\textsc{:}$ Report on Two Cases

and Review of the Literature

Author: Neng-Wen Xu and Lin-Jie Li

Name of Journal: World Journal of Clinical Cases

Manuscript ID:77190

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer:

Reviewer 1

We appreciate the concern of the reviewer and recommendations for improving our presentation by correcting two points.

Minor comments: 1. In the introduction you wrote:" Thalassemia is one of the most common monogenic diseases worldwide, which includes alpha and β forms and sickling disorders. " But Sickle cell anemia is not part of thalassemia syndrome, you may consider Sickle-thalassemia as a subtype of thalassemia.

As recommended by the reviewer, we deleted Sickle cell anemia.

Minor comments: 2. In the presentation of case one which was a female, you wrote: "The karyotype showed 46 normal chromosomes, including XY chromosomes, in 20 cells (Fig. 1c)." But as shown in the Figure 1C, patient has 46XX chromosomes not XY!

According to reviewer's suggestion, we changed the relevant description.

Reviewer 2

We appreciate the concern of the reviewer and recommendations for improving our presentation by adding new descriptions to confirm our findings.

I studied carefully the manuscript entitled "Myeloproliferative Neoplasms Complicated with β -thalassemia: Report on Two Cases and Review of the Literature" by Xu NW and Li LJ. The manuscript is a report of two cases of simultaneous presence of a myeloproliferative neoplasm (MPN) with beta thalassemia minor. Moreover, another six cases are summarized in a narrative way. The topic is quite interesting for the specialized hematologist. The main hypothesis beyond the two reported cases is that thalassemia could affect MPN clinical course.. Four points to consider: 1) Abstract: Though attractive, the conclusion that "MPN complicated with beta thalassemia can lead to rapid disease progression and poor prognosis" is not more than a hypothesis, as evidence to judge for or against still lack. The authors are at least prompted to amend "suggest" for "hypothesize". We have amend "suggest" for "hypothesize".

- 2) Introduction: Sickling disorders are not thalassemias. The authors are strongly recommended to rephrase the sentence "Thalassemia is one of the most common monogenic diseases worldwide, which includes alpha and β forms and sickling disorders". We corrected this sentence into "Thalassemia is one of the most common monogenic diseases worldwide, which includes alpha and β forms."
- 3) Case presentation: The joint presentation of the two cases used by the authors is unfamiliar to most readers. The two cases could be better be presented separately. -----My responses

as follows:1. because the two cases are rare,so I think The joint presentation of the two cases could also be awerness of by readers.2.I don't know whether "The two cases could be better be presented separately" means we present the two cases as two papers separately or as one paper but with different format?

4) Discussion: Splenomegaly is not a definite clinical characteristic of thalasemia minor (see: Ntaios G, Chatzinikolaou A. The spleen in beta thalassaemia minor: splenomegaly or just 'scanomegaly'? Br J Haematol. 2008 Oct;143(1):143. doi: 10.1111/j.1365-2141.2008.07306.x. Epub 2008 Jul 28. PMID: 18665837). The authors are encouraged to discuss and clarify this issue. We have discuss and clarify this issue.

We thank the reviewer for bringing these errors to our attention. We corrected these errors in the revised manuscript .

Thank you again for publishing our manuscript in the World Journal of Clinical Cases. Sincerely Yours,

Lin-Jie Li, Doctor, BD, Chief Doctor,

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