

November 6, 2022

Editors-in-Chief

World Journal of Clinical Cases

RE: Manuscript #80891

Please find enclosed our revised manuscript entitled “Pembrolizumab-induced psoriatic arthritis treated with disease-modifying anti-rheumatic drugs in a patient with gastric cancer: a case report”, which we would like to resubmit for publication as a *Case Report* in *World Journal of Clinical Cases*.

We thank the reviewers for their helpful and careful comments, which have helped us to improve the manuscript. We have revised the manuscript in accordance with the reviewers’ comments. The changes to the revised manuscript are highlighted in in blue (revisions made in response to reviewers’ comments). Below is a summary of the revisions, followed by our point-by-point responses to the reviewers’ comments. We believe that we have addressed all the reviewers’ concerns and hope that the manuscript is now suitable for publication in the *World Journal of Clinical Cases*.

We will be happy to provide further information or make further revisions if required.

Thank you very much for your consideration.

Sincerely,

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Point-by-point responses

Reviewer #1
The timing of the different treatments prescribed for the PsA is difficult to follow. The evolutive changes of inflammatory indexes suffer the same limitations. I would like to suggest to include a Figure reporting CRP (or ESR) on the y-axis and time on the x-axis (expressed as days from the first prescription of steroids). The duration of the different treatments can be reported as horizontal bars at the bottom of figure (similarly to a GANTT chart).
As you suggested, we have change a Figure 3 reporting the time on the x-axis expressed as weeks after steroid treatment and horizontal bars at the bottom of figure.
The Disease Activity index for Psoriatic Arthritis (DAPSA) score at various timepoints (especially at the start of a new line of immune-modulating treatment) should be reported.
As you suggested, we reported DAPSA score at various timepoints (especially after treatment of PsA).
Did the Author wait for disease progression before starting a fourth-line palliative systemic treatment? If so, did progressive disease occur immediatly after immune-suppression? IO drugs can lead to sustained responses even after a permanent interruption. It would be useful to report the progression-free survival and the duration of disease control under IO.
His disease progressed 4 months after discontinuation of pembrolizumab. As you suggested, we described progression-free survival (5.5 months) for pembrolizumab in outcome and follow-up section.
Reviewer #2
Try to avoid repetitions.
As you suggested, we have simplified the manuscript.
Maybe give examples of other rheumatic irAE in order to be more clear for the reader that the irAE is not deterioration of pre-existing disease.
The patient had no other rheumatic irAEs.