

Jin-Lei Wang

Company Editor-in-Chief, Editorial Office

World Journal of Clinical Cases

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Dear editor,

Thank you for the opportunity to revise our manuscript entitled „ **Acquired haemophilia A as complicating factor in the treatment of non-muscle invasive bladder cancer. Case report**” (Manuscript NO.: 84866, Case Report). We greatly appreciate the helpful suggestions from the reviewers and we have gratefully used these comments in the review of the manuscript. All comments by the reviewers are addressed point-by-point in this letter.

**Reviewer #1:**

Rysankova et al. reported a case of acquired hemophilia (AH) complicating non-muscle invasive bladder cancer (NMIBC) treated with transurethral resection. They successfully treated the patient first with steroid and cyclophosphamide and then with rituximab. AH itself is a very rare disease and AH caused by bladder cancer is further rarer. According to the authors, this is the 4th case of AH caused by bladder cancer in the world. To raise awareness of this rare disease to clinicians, this manuscript deserves further discussion. I have some comments to improve this manuscript.

1. In the Discussion, the previously reported cases of AH complicating bladder cancer should be introduced, for example, by using a table. Comparison with the present case will be of interest

***REPLY:** We thank the reviewer for this suggestion. We summarized data on all previously published cases of acquired haemophilia in the table and added a comment in the Discussion of the revised manuscript.*

2. In the Discussion, the historical changes in the treatment method of AH and their effects and adverse effects should be described in more detail.

***REPLY:** We elaborate this point in the revised Discussion.*

3. In Figure 1, treatment had better be presented with a box (▢) or triangle (▵) above or under the timeline to show a duration of the treatment.

***REPLY:** In response to this suggestion, in the revised manuscript we added detailed timeline of AH treatment.*

#### **Reviewer #2:**

This case report brings up a very interesting case, namely how acquired haemophilia has been an important complication in the treatment of non-muscle invasive bladder cancer. The case in question recounts a 60-year-old patient with multiple recurrences of bladder cancer who underwent endoscopic treatment (TURB), following which he manifested severe haematuria, which despite two subsequent endoscopic revisions showed no source of bleeding. Subsequently, only after more thorough investigations was it possible to establish the diagnosis of acquired haematuria, and following this finding, specific therapy was initiated that led to the resolution of the complication and the discharge of the patient. Furthermore, the authors report how, following this episode, the patient in question suffered a recurrence of the bladder tumour, which was always treated endoscopically, and how, without any precautionary haematological measures, it did not lead to any complications as had previously occurred. The authors' main aim, therefore, was to shed light on acquired haemophilia, how this condition can lead to major complications, but above all how difficult it is to make a diagnosis of acquired haemophilia without the right knowledge and investigations. Although the article is very interesting, there are some shortcomings:

1. Language Quality: Grade C (A great deal of language polishing)

*REPLY: In response to this critique, we enclose the invoice documenting that the original manuscript has been edited by professional medical writer/editor. In addition, the revised version of the manuscript was edited by native speaker.*

2. Failure to investigate the remote pathology history or the possible occurrence of other bleeding episodes in the past, but even more so the possible presence of this phenomenon in other family members.

*REPLY: Based on this recommendation, we elaborate this point in the revised "History of past illness" section.*

3. Regarding the topics covered, it would be interesting to take a cue from this article 10.1016/j.clgc.2021.12.005, as it could give new insights to the article and enrich it with potential. Another very interesting article to take a cue from is 10.3390/diagnostics12030586, his topic could add potential to the study analysed.

*REPLY: Considering the fact that age is a well-known risk factor for recurrence and progression of the bladder cancer, we suggest that a prompt response to immunosuppressive treatment in our patient could be related to younger age of patient and favorable biology and staging of the bladder cancer. In response to reviewer's suggestion, we included this point in the Discussion.*

All revisions have been discussed with the co-authors, and all have approved the manuscript that is now being submitted with this letter. The revisions are visible in the marked-up version of the manuscript. We hope that our revised manuscript sufficiently addresses the comments of the reviewers.

On behalf of all authors,

Yours sincerely

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