

Response to reviewers' comments

We thank the reviewers and the editor for their appreciation of our work, their thorough assessment of our manuscript and the encouraging comments how to improve the manuscript.

Our responses to the reviewers' comments are indicated below and all corresponding changes in the manuscript are highlighted in yellow.

Editor's comments:

Comment 1: A short running title of no more than 6 words should be provided.

Response: We have included the running title as requested.

Comment 2: Please provide all authors abbreviation names and manuscript title here.

Response: We have included the abbreviated authors' names and title under the abstract section as requested.

Comment 3: Please make an audio record of your core tip. The accepted formats are: mp3 or wma.

Response: We have recorded and submitted the core tip as an audio file, as requested.

Comment 4: Please check and confirm that there are no repeated references! Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

Response: Thank you for pointing that out. We confirm that there are no repeated references in the manuscript. Due to the reduction the discussion section, the total number of references became 24. In them, references #12, 23, and 24 only have DOI numbers, but not PMID numbers. All authors have been listed. We also confirm that the citation numbers of references #6 and 7 we added is PMID not PMCID.

Comment 5: Please don't include abbreviations in the title of the figure/table. Please explain all the abbreviations in the figure/table legends: full name

(abbreviation). Please don't include any *, #, ...in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters.

Response: Thank you for the suggestions. We have removed the abbreviations in the title of the tables/figures and defined those abbreviations in the note after the tables. Please see the revised manuscript for changes.

Comment 6: Please provide the decomposable figure of Figures, whose parts are movable and editable. So, you can put the original pictures in PPT and submit it in the system.

Response: As requested, we have revised the figures as editable PowerPoint files.

Comment 7: Please provide scale and magnification of micrograph

Response: We have resubmitted Figure 3 as requested.

Reviewers' comments:

Reviewer no. 00467030:

This is an interesting case report on hydroxyurea-induced cutaneous squamous cell carcinoma and literature review. The following points are suggesting for further consideration. 1. Please add the text "Figure 3" in the paragraph of FINAL DIAGNOSIS, for the sentence: i.e. "Based on histopathological examination, the patient was diagnosed with cSCC (Figure 3)." 2. Please add the brief microscopic description for the final diagnosis as well as for the figure legend for figure 3.

Response: We thank the reviewer for raising these issues. We have answered the two points separately below.

1. We have added the text "Figure 3" as requested.
2. As requested, we have added the microscopic description for the final diagnosis as well as for the figure legend for figure 3, which now reads as follows:

2.1 Final diagnosis:

A pathological examination of the surgical specimen revealed a well-differentiated squamous cell carcinoma with evidence of abundant cytoplasmic keratin pearls (Figure 3).

2.2 Figure legend for Figure 3:

Pathologic findings indicating pure, well-differentiated squamous cell carcinoma with evidence of abundant cytoplasmic keratin pearls. (H&E, original magnification x400).

Reviewer no. 00737941:

The authors described an interesting case of SCC associated with long-term use of hydroxyurea. Major changes are needed in its different aspects before publication.

Abstract:

-Delete the word “maintenance” in the background. -Description of the hand lesions in case summary is not correct. -Most the wounds: add “of” after most

Response: We thank the reviewer for these important comments. We have accepted your advice and revised it in our manuscript. The description of the hand lesions in case summary has been rewritten in our manuscript.

Introduction:

-Delete “and antiviral”

Response: Thanks for your suggestion. We have accepted your advice and revised it in our manuscript.

Case presentation:

1.Decrease the number of subtitles

2.Appendectomy was done 10 years ago, not previously

3.Figures 1, 2: wrong description, please rewrite. Note that the ulcer is vegetating

4.Please mention the details of the histopathological findings in both text and figure 3 Discussion:

5.Please shorten the discussion section and delete the second paragraph

Response:

1. Thanks for your suggestion. Based on the Format for Manuscript Revision for 'Case Report' of *World Journal of Clinical Cases*, subtitles including chief complaints, history of present illness, history of past illness, personal and family history, physical examination upon admission, laboratory examinations must be presented in Case Presentation. Thanks again for your advice.

2. We have accepted your advice and revised it in our manuscript.

3. Thanks for your suggestion. We agree with the reviewer that the ulcer is vegetating. The patient received surgical treatment in our hospital in January 2018. The description of ulcer is consistent in the **CASE SUMMARY** and **Physical examination upon admission**.

We have accepted your advice, which now reads as follows:

Extensive photodamage and atrophy on the dorsal hands. The lesions on the hands consisted of multiple scabs, the largest scab on the right hand measured 1 cm x 2 cm (Figure 1). The irregularly shaped ulcer on the left ankle was 9 cm x 7 cm in size with an ill-defined margin (Figure 2).

4. As requested, we have added the microscopic description for the final diagnosis as well as for the figure legend for figure 3, which now reads as follows:

2.1 Final diagnosis:

A pathological examination of the surgical specimen revealed a well-differentiated squamous cell carcinoma with evidence of abundant cytoplasmic keratin pearls (Figure 3).

2.2 Figure legend for Figure 3:

Figure 3 Pathologic findings indicating pure, well-differentiated squamous cell carcinoma with evidence of abundant cytoplasmic keratin pearls. (H&E, original magnification x400).

5. We have accepted your advice and revised it in our manuscript.

We hope that we have sufficiently addressed all of the reviewer's concerns, however, if not, please do let us know and we will certainly provide further explanations.

Very respectfully,

Jian Liu, MD, Chief Physician