



吉林大学白求恩第一医院

Apr 25th, 2020,

**Lian-Sheng Ma, Company Editor-in-Chief**

**Jin-Lei Wang, Science Editor,**

*World Journal of Clinical Cases.*

Dear Dr. Ma and Dr. Wang:

Thank you for considering our paper titled “Effect of Chidamide on Treating Hepatosplenic T-cell Lymphoma: A Case Report (55130)” for publication in *World Journal of Clinical Cases*.

We have improved the content in accordance with the reviewer’s and the editors’ comments and have attached a revised version of our manuscript. Please find our point-by-point responses to the comments below. The revised text is highlighted in the revised manuscript. Also we would like to note that we have made two more changes other than the comments:

1) As required by their hospital, Co-author Beibei Du need to change his affiliation from “China-Japan Union Hospital of Jilin University” to “The Third Hospital of Jilin University”. (The Same hospital with two names) (Page 1, line 20)

2) We are sorry about previously put the wrong agency of the grant, which we need to correct. (Department of Science and Technology of Jilin Province → Department of Finance of Jilin Province). (Page 2, line 7-8)

We confirm that all of the authors have approved the changes to the revised manuscript. We would be grateful if the revised manuscript could be further considered for publication in *World Journal of Clinical Cases*, and we look forward to hearing from you soon.

Yours sincerely,

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## Response to Reviewer 1

1. **Comments:** What is the median survival for the hepatosplenic T-cell lymphoma patient from previous reports? This data should show in the introduction part.

**Res:** Thank you for the valuable comment. We added the data and revised as follows (Page 4, line 25-28):

HSTCL is refractory to chemotherapy with unremitting clinical progression, which leads to an extremely low 5-year overall survival (OS, <10%)[7] and a quite short median survival (12-14 months) [8].

Ref [8]: Youssef RRH, et al. Role of Imaging in Diagnosis of a Rare Hepatosplenic Gamma Delta T-Cell Lymphoma during Pregnancy: A Case Report and Review of Literature. Case Rep Oncol. 2019; 12:935-943.

2. **Comment:** The data of the Chidamide should be briefly showed in the introduction part.

**Res:** We appreciate the valuable suggestions. We added the data and revised as follows: (Page 5, line 2- 6)

Chidamide monotherapy showed good overall response rate (ORR, 39.06%), and disease control rate (DCR, 64.45%) in PTCL treatment. Combination with chemotherapy proved longer median progression-free survival (PFS) (152 days vs 129 days [monotherapy],  $P=0.33$ ) [10]. Still, no data has shown Chidamide effect on HSTCL.

Ref [10]: Shi Y, et al. Chidamide in relapsed or refractory peripheral T cell lymphoma: a multicenter real-world study in China. J Hematol Oncol. 2017; 10:69.

3. **Comment:** The author should show more data in the outcome and follow-up part. including, a. What is the management after lymphoma progression? b. How progression of the disease? c. What is the exact cause of death? According to the data, the patient died only one month after disease progression from about 9 months of remission. This time interval seemed to be relatively short. Thus, is there any possibly occult disease in the nine months period?

**Res:** We appreciate the valuable suggestions. We added the data and revised as follows: (Page 8, line 9- 16)

After 9 months of Chidamide therapy, follow-up bone marrow smear showed substantially increased pathological cells (32%), which indicated lymphoma progression. Though recommend with the rescue chemotherapy and allo-SCT or other targeted drugs (alemtuzumab etc.), the patient and his family refused to chemotherapy. Unfortunately, the patient died one month after lymphoma progression because of severe pneumonia and respiratory failure which was caused by leukopenia. Early during this admission, no other abnormalities were found which may imply other occult diseases involved.

## **Response to *Science Editor***

**1. Comments:** The title is too long, and it should be no more than 12 words;

**Res:** Thank you. We have abbreviated the title into “**Effect of Chidamide on Treating Hepatosplenic T-cell Lymphoma: A Case Report**” (Page 1, line 5-6)

**2. Comments:** Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

**Res:** Thank you. We have uploaded separately. We are sorry about mistakenly put the wrong agency of the grant. We have corrected (**Department of Science and Technology of Jilin Province** → **Department of Finance of Jilin Province**). (Page 2, line 7-8)

**3. Comments:** The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

**Res:** Thank you. We have uploaded a PPT version of the figures with all separate components.

**4. Comments:** PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

**Res:** Thank you. We have revised accordingly.

**5. Comments:** The table provided as an image. Please provide the table properly;

**Res:** Thank you. We have revised accordingly.

**Response to *Company Editor-in-Chief***

**1. Comments:** The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 12 words).

**Res:** Thank you. We have abbreviated the title into “Effect of Chidamide on Treating Hepatosplenic T-cell Lymphoma: A Case Report” (Page 1, line 5-6).