

Dear Lian-Sheng Ma:

Special thanks to you for your good comments and those of reviewers.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. We also uploaded a clean version for re-reviewing. In the following pages are our point-by-point responses to each of the comments of the reviewers as well as your own comments.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Yongjun Fang, Ph.D.

Reviewer #1: This is an interesting report describing the remission of a paediatric patient with relapsed AML after CLAGM treatment. The report is highly interesting as it shows, for the first time the successful application of this treatment in a paediatric patient. I only have a couple of comments regarding this report. The authors should at least mention if the set of mutations found in the genome of this patient have been identified as directly linked to AML. The rationale of this is to establish if the CLAGM treatment could be effective in a specific type of AML, as occasionally the response to a certain treatment is related to the type of genetic alteration at the root of the AML. If there is any information about the relation between the type of AML and the response to the CLAGM treatment it should be stated on the manuscript.

Author response: Thank you for your reviewing and commenting on our manuscript. Your pertinent comments will help us to improve our manuscript. We have added discussion about the gene mutation of WT1 and KRAS in the manuscript. We also have mentioned in the manuscript that patients with some gene mutation may have inferior outcomes, but the relation between the response to CLAG-M protocol and gene mutation is not clear currently (page 8, paragraph 1, line 244).

Reviewer #2: This is an interesting manuscript that reported the case of a paediatric patient with primary refractory acute myeloid leukaemia treated with CLAG-M chemotherapy followed by umbilical cord blood stem cell transplantation. Overall, the case report is well written; please revise the English language and check throughout the text for spelling errors. Tables and figures are detailed and helpful for the reader. I would suggest to include further discussion on the future direction and perspectives.

Author response: Thank you for your careful reviewing and comments. We have mentioned that further investigation about the possibility of clatribine-based protocol being used as first line therapy in high-risk pediatric is required. Moreover, a study on the

effectiveness and safety of the CLAG combined with anthracyclines in pediatric R/R AML is launched in our hospital (page 10, paragraph 1, line 273).