Dear Reviewer(s) and Editor(s)

Thank you very much for your comments on the revision of our manuscript, which is of great help to the improvement of the quality of our manuscript. We have completely corrected all the defects and errors in the article as required.

Response to reviewer(s)

1. More emphasis should be placed on the presenting clinical features with more discussion on the absence of splenomegaly and hypofibrinogenemia. The presence of two CSF3R mutations is worth emphasizing more in the discussion such as how many other cases of CNL have 2 CSF3R mutations?

Response: Thank you very much for providing the modification strategy. Incorporate your suggestions, we have completed the in-depth discussion of splenomegaly and hypofibrinogenemia, and emphasized the mutation of CSF3R. See line 181-194, 226-239, and 245-252 for details.

2. In the abstract the phrase "myelodysplastic hyperactivity" is incorrect as there was no myeloid dysplasia. Do the authors mean neutrophilic hyperactivity?

Response: Thank you very much for your question. This error of "myelodysplastic hyperactivity" has been rewritten after our consideration and changed to Neutrophilic hyperactivity. See line 23-24.

3. In the introduction, the authors state that the increase in mature neutrophils is for unknown reasons. This is incorrect as the majority of CNL cases harbor CSF3R mutations.

Response: Thank you very much for your comments. We have revised this statement. See line 210-211.

4. Would change the words "larvae" in the bone marrow morphology section and "protozoan" in the discussion. These are not hematological terms and refer to something completely different.

Response: Thank you very much for your comments. We have revised this statement. See line xx on page 84-85.

5. It appears that CSF3R mutations were determined by Sanger sequencing. State this method in relevant section.

Response: Thank you very much for your comments. We have added the method of the sequencing. See line 96-97.

6. Suggest that the three CSF3R mutations could be displayed in a Table rather than included in the text.

Response: Thank you very much for your comments. Thank you very much for your comments. All the mutations have been described in the table have been displayed in the Table 1.

7. Importantly, what dose of hydroxyurea was used and for how long?

Response: Hydroxyurea 0.5g, oral, 1-2 times/day.

8. How long is the follow up and survival?

Response: We followed for three months, and three months after discharge, the patient died because of a lung infection.

9. In the discussion the authors state "no platelet change" yet the patient had a thrombocytopenia of 102 x 10/9 L.

Response: Thank you very much for your question. We have modified the inaccurate description. See line 211-212.

Yours,

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