

Peer Review File

Article Information: <https://dx.doi.org/10.21037/tp-23-535>

Reviewer A

This editorial summarizes the findings presented in the JCO paper by Laetsch et al on 3-year update from the ELIANA trial. The author could improve this editorial by increasing their commentary on the paper, and decrease the summarization of the published work.

Reply: Thank you for your kind review.

Changes in the text:

I have added the comment sentences and deleted some sentences as follows.

Line 36~38: I have deleted ” and that tisagenlecleucel has a positive long-term safety profile in 79 children and young adults with a median follow-up of 38.8 months.”

Line 43~44: I have changed the sentence as follows.

CAR-T therapy is highly expected as a consolidation treatment with fewer late complications than in HCT. The role of HCT for R/R B-ALL is shifting to the treatment of patients who are unable to receive CAR-T therapy or who have relapsed after CAR-T therapy. Currently, there is growing interest in what treatments, such as blinatumomab and inotuzumab ozogamicin, can be used to bridge to CAR-T therapy or HCT after recurrence, and the development of more effective and safer treatment schedules will likely be considered in the near future.

Reviewer B

line 21: recurrence [add "of disease"]

line 27: "appeared like a comet" - reads a little awkward

lines 35-38: please remove the repeat mention of the 79 patients / 38.8 month follow up.
consider re-wording so this is not repeated

lines 39: recommend clarifying "radical" treatment - i.e. ?consolidation?

Recommend elaborating on the impact of CAR vs HCT and how these results contribute to the literature. maybe comment on the ongoing question of the role of consolidative HCT

Reply: Thank you for your detailed review.

Changes in the text:

I have changed the paper as follows.

Line 21: recurrence → recurrence of disease

Line 27: appeared like a comet → was introduced for

Line 35-38: removed “” and that tisagenlecleucel has a positive long-term safety profile in 79 children and young adults with a median follow-up of 38.8 months.”

Line 39: radical → consolidation

I have added some sentence lastly as follows.

The role of HCT for R/R B-ALL is shifting to the treatment of patients who are unable to receive CAR-T therapy or who have relapsed after CAR-T therapy. Currently, there is growing interest in what treatments, such as blinatumomab and inotuzumab ozogamicin, can be used to bridge to CAR-T therapy or HCT after recurrence, and the development of more effective and safer treatment schedules will likely be considered in the near future.