

Peer Review File

Article information: <http://dx.doi.org/10.21037/tp-21-154>

Reviewer A

Comment 1: According to the definition of the WHO classification of hematopoietic malignancies, CAEBV is an EBV-positive T- or NK-cell lymphoproliferative disease. It is a progressive disease without spontaneous regression. If you following the definition, the diagnosis of CAEBV becomes suspicious.

Reply 1: Thank you for your comments!

Yes, but CAEBV also has active period and quiescent periods (up to several years) that alternate one another. This has been reported before 1) Jiang, S., Li, X., Cao, J., Wu, D., Kong, L., Lin, L., Jin, Z., An, J., & Wang, Y. (2016). Early diagnosis and follow-up of chronic active Epstein-Barr-virus-associated cardiovascular complications with cardiovascular magnetic resonance imaging: A case report. *Medicine*, 95(31), e4384. <https://doi.org/10.1097/MD.0000000000004384> 2) doi: Roliński, J., Grywalska, E., Pyzik, A. et al. Interferon alpha as antiviral therapy in chronic active Epstein-Barr virus disease with interstitial pneumonia - case report. *BMC Infect Dis* 18, 190 (2018). <https://doi.org/10.1186/s12879-018-3097-6>

Comment 2: Additionally, there is no description of antibodies for EBV. A primary infection, so-called infectious mononucleosis, should have been suspected first, and CAEBV should have been ruled out.

Reply 2: EBV antibody test results were as follows: EBNA-IgG – positive (2.67), EB VCA-IgG – positive (108.67 U/mL), EBV-VCA IgM – negative. Thus, the diagnosis of IM can be ruled out.

Changes in the text: We added this information on the page 5 (line 75-77).

Reviewer B

Comment 1: It is very interesting article. I think is needs only “cosmetic improvement” to be presented. The literature is not formatted, but I think it can be done later.

Reply 1: We sincerely thank you for your suggestions. We formatted the reference list

Comment 2: For detailed comments please see the attached pdf file.

Reply 2: We modified the manuscript as per your suggestions.