

Reviewer A

This is an interesting and well-described case report of a patient with of non-secretory myeloma. Overall the manuscript will be of interest to readers. Some minor comments are provided below that are intended to improve the overall comprehensive description and discussion:

- Were cryoglobulins evaluated? On occasion, paraproteins can precipitate and evade detection. This might present as a difference in total protein immediately after collection/warmed vs. after cold storage.

Reply : Cryoglobulin were not evaluated or considered, we also did not notice precipitation on the application point on the gel electrophoresis which could prompt us to investigate further.

- Was ionized calcium tested? Perhaps more sensitive/specific than total calcium.

Reply : We analysed Total calcium on our Abbott Allinity analyser, we could have analyse for ionised calcium on our Radiometer blood gas analyser but request for serum calcium level is not routinely processed as such.

- Please confirm/describe that all lab results were indeed on serum as stated (not plasma). If possible, please list instrumentation used for the main analytes in the table.

Reply : Author had added comment regarding the platform and sample type used under 'case presentation' Page 4 Line 12. Sample type of serum was also mentioned under 'Discussion' heading page 5 line number 24

- Is it possible to evaluate this patient's samples by mass spec for lower detection limit? If not, please discuss that potential option.

Reply : Mayo lab does offer MASS-FIX but we had never send our sample there. Author had added in discussion about mass spectrometry under 'discussion' Page 8 line 9-17

Reviewer B

Authors describe a case of non-secretory plasma cell myeloma (PCM). It is not that rare: usually 1-2% of PCM are non-secretory, as reviewed recently G. Charliński & A.Jurczyszyn 2022 (cited by authors).

Reply : Author will mention it as it as lower prevalence compared to secretory myeloma. Page 2 Line 9

To make this manuscript interesting for the readers, please, address the following points:

1)Introduction, page 2 line 19-20 The sentence "This patient..." is out of context.

Reply: Author take note and had removed the sentence depicting the patient here in page 2 line 19 - 20

2)Case presentation: Ln 5. Clarify "soft tissue injury."

Reply : Author had reviewed again the case note and the soft tissue injury diagnosis involved the lower back area and correction had been made to the manuscript. Page4 line 5

3)Case presentation, Ln 13: Circulating plasma cells in peripheral blood raise concerns about plasma cell leukemia, a very aggressive variant of myeloma. Please, review and clarify underlying diagnosis. Maybe it is a non-secretory myeloma with circulating plasma cells? If yes, that may be a

new information making the manuscript more interesting.

Reply : Author had engage with haematopathologist involved and had added in as co-author. The initial <10% plasma cells seen in peripheral blood picture was occasional. Correction had been made to the manuscript. Page 4 , Line 15-16

4)Discussion: Non-secretory myeloma has lower incidence of hypercalcemia and renal insufficiency; but not less anemia. If authors disagree, please, provide a reference.

Reply : Author agrees with reviewer and correction had been made and anaemia removed. This is also supported in book/ atlas of haematopathology by Naeim et al 2013 on NSMM. Page 6, Line 17-19

5)What was the unusual in clinical or laboratory presentation of this patient, compared to multiple published case reports of non-secretory PCM?

Reply : Author has read on others case reports on NSMM and this case (after correcting the <10% plasma cells on peripheral blood film) had similar laboratory findings where first line screening tests involving protein electrophoresis and serum free light chain were negative in findings.

6)Provide an image of bone marrow aspirate or biopsy showing infiltration of plasma cells (or CD 138 immunostaining

Reply : Author had added in Figure 2 .

7) Check English: multiples sentences are unclear and difficult to understand the meaning: (Language Introduction page 3 In 17 "clinical manifestations often arise...", Figure 1 : "Patient's serum & urine protein electrophoresis and immunofixation result", etc)

Reply : page 3 line 17 "clinical manifestations often arise..." was changed to clinical manifestations were caused by (Page 3, line 17 - 23)

8. And please, change the title "A lady with chronic back pain" sounds odd

Reply : Title had been changed to - Woman with Cryptic chronic back pain. The change to woman is also advised by reviewer no.3

Reviewer C

This article is interesting in terms of the clinical picture. Although it is true, it is a rare box and needs some corrections in this regard.

PAGE 1:

Line 14: change "lady" to "woman".

Reply : Author has changed from lady to woman including the title. Page 1 line 15

Line 18: remove the value of hypercalcemia from the summary (because the quantitative values of anemia, urea, etc. are not included either).

Reply : Author has removed calcium level of 2.66 from the heading case description. Page 1 line 19

Line 20: levels

Reply : Author has corrected the grammar mistake. Page 1, Line 20

Line 20: However, her bone.... (change order of "however").

Reply : Author has corrected the grammar mistake. Page 1 line 20

PAGE 2:

It is also important to highlight the importance of clinical suspicion, always accompanying the laboratory.

Line 6: include abbreviations NSMM.

Reply : Author has corrected the grammar mistake. Page 2 , Line 8

Lines 16-19 are a bit strange written, see if it can be explained better.

Reply : Author has changed it to - NSMM may manifest as either the incapability of malignant plasma cells to produce immunoglobulin (non-producing), characterized by the absence of cytoplasmic immunoglobulin synthesis, or as an inability to discharge heavy or light chains (non-secretory). Page 2 line 18-24

PAGE 3:

Line 3 and 4: explain the acronyms. Ex: serum free light chain (sFLC).

Reply : Author has explained the first occurrence of sFLC into serum free light chain Page 3, Line 4
Line 6: change.

Reply : Author did not understand the correction needed.

Lines 10-15: separate. So: "The NSMM is distinguished from oligosecretory myeloma by the latter having detectable monoclonal immunoglobulin component that is below the threshold of a measurable disease. This measurable disease is defined as serum monoclonal immunoglobulin of ≥ 10 g/L, monoclonal immunoglobulin excretion in urine of >200 mg/24 hour or ≥ 100 mg/L of involved light chain with an associated abnormal kappa:lambda rate".

Reply: Author has made changes according to suggestion. Page 3, Line 10-15

Line 17: on the other hand.

Reply : Author has changed to On the other hand, the secretory form of myeloma... Page 3, Line 17

PAGE 4:

Line 11: "Whole blood cell count".

Reply: Author has made changes according to suggestion. Page 4, line 11

Line 12: insert here the hypercalcemia value, with the reference limits.

Reply: Author has made changes according to suggestion. Page 4, line 13-14

Line 12: peripheral blood SMEAR.

Reply: Author has made changes according to suggestion. Page 4, line 15

Line 13.

Reply : Author has made correction regarding plasma cells findings on peripheral blood smear, from $<10\%$ to occasional. Page 4, line 15

Line 18: insert values.

Reply: Author has made changes according to suggestion and had added in result values of kappa, lambda free light chain and also the kappa lambda ratio. Page 4, line 19-21

PAGE 5:

Line 11: initials.

Reply: Author has made changes according to suggestion with serum free light chain quoted in the initial part of the manuscript.

Line 12: as well as normal sFLC measurements meets diagnostic criteria for non-secretory multiple myeloma (NSMM).

Reply: Author has made changes according to suggestion. Page 5, line 14-16

Line 22: "changes" is repeated.

Reply: Author has made changes according to suggestion and changes removed with sentence rephrase. Page 5, line 22-23

PAGE 7:

Line 9: change.

Reply: Author does not understand the changes needed according to suggestion.

PAGE 9: Check that all the abbreviations are there.

Reply: Author has made changes according to suggestion and mass spectrometry (MS) was added.
Page 9, line 23

PAGE 11:

Line 9: add “if clinical suspicion is high”.

Reply: Author has made changes according to suggestion. Page 11, line 22

PAGE 12: FIGURE 1: Label each photograph as 1(A), 1(B), etc. And put the references in the text correctly.

Perhaps improve the size of the images and highlight the results with an arrow, box, etc. so that it is more visual to the reader.

Reply: Author has made changes according to suggestion. Refer new figure 1

PAGE 13: Table 1. Put the eGFR acronym below the table, like the rest.

Reply: Author has put the eGFR acronym below the table. Refer table 1

Table 1. Put subtitles in table: parameters, results, reference values (units).

Reply: Author has made changes according to suggestion. Refer table 1

PAGE 17: fill in if the patient gave informed consent.

Reply: Author has made changes according to suggestion.