Peer Review File

Article information: http://dx.doi.org/10.21037/tcr-22-174

Review Comments:

Minor comments

line 80/81: please rephrase

Reply: We thank the reviewer for the comments and suggestions. We restated the results of immunohistochemical analysis.

(see Case Presentation section, page 4, lines 79-83)

line 84: What do you mean by primarycer? do you want to mean "primary" instead?

Reply: Thank you for the suggestions. Please forgive us for our mistake, and we want to mean "primary". We modified the expressions in the corresponding part of the manuscript.

(see Case Presentation section, page 4, lines 85)

line 89-92: does two courses of HyperCVAD-A plus one course of HyperCVAD-B mean one cycle of chemotherapy? please clarify.

Reply: We thank the reviewer for the comments and suggestions. Two courses of HyperCVAD-A plus one course of HyperCVAD-B does not mean one cycle of chemotherapy. Our patient received three courses of chemotherapy, including two

courses of HyperCVAD-A chemotherapy (including fractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone) and one course of HyperCVAD-B chemotherapy (including methotrexate, cytarabine and methylprednisolone). In order to avoid misleading, we modified the expressions in the corresponding part of the manuscript.

(see Case Presentation section, page 4-5, lines 89-93)

line 93/94: "the number of white blood cells gradually recovered after receiving timely hematopoietic growth factor support therapy", please cite which one.

granulocyte colony-stimulating factors (G-CSFs)

Reply: Thank you for the suggestions. After bone marrow suppression, the patient received hematopoietic growth factor support therapy with granulocyte colony stimulating factor (G-CSF).

(see Case Presentation section, page 5, lines 96)

line 95: "during the third course of chemotherapy" do you mean third course of every cycle or third course of the third cycle?

Reply: Thank you for the suggestions. Two courses of HyperCVAD-A plus one course of HyperCVAD-B does not mean one cycle of chemotherapy. Our patient received three courses of chemotherapy, including two courses of HyperCVAD-A chemotherapy (including fractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone) and one course of HyperCVAD-B chemotherapy (including

methotrexate, cytarabine and methylprednisolone). During the last course of chemotherapy, the patient Henoch–Schönlein purpura.

(see Case Presentation section, page 4-5, lines 89-97)

still about lines 93-95: in figure 5 where you have the flow chart, the nomenclature is not consistent between flow chart and written text both. please rephrase or change the chart.

Reply: We thank the reviewer for the comments and suggestions. We changed the chart to show the flow chart of patient treatment more accurately (Figure 5).

line 110/111: How were those CART cells prepared? please briefly describe methodology or cite references where it was described.

Reply: We thank the reviewer for the comments and suggestions. The preparation process of those anti-CD19 CAR-T cells and anti-CD22 CAR-T cells is described in detail in the article previously published by our center. Here, we added the reference describing the treatment process for chimeric antigen receptor T cell therapy (Ref 5 and 7).

(see Case Presentation section, page 6, lines 112)

line 114 and 131/132: be consistent with numbers.

Reply: Thank you for the suggestions. Please forgive us for our mistake, and we revised the statement in the article.

(see Case Presentation section, page 6, lines 132-133)

Major comments

Into the section manuscript requirements or guidelines there was the following statement:

"state what is known and unknown; why the case report is unique and what it adds to existing literature"

I'm missing those statements in the submitted version of this paper. Having this would be helpful to guide the journal audience.

Reply: We thank the reviewer for the comments and suggestions. Our patient diagnosed as primary Burkitt's lymphoma of the cervix, which lacks standardization of management due to its rarity. Autologous CAR-T cell therapy has achieved favourable outcomes in B cell malignant tumors, but the effect on BL is not satisfactory. Autologous T cell-derived CAR-T cell therapy is ineffective in some lymphoma patients, which is considered to be related to autologous T cell dysfunction. Meanwhile, the quality and quantity of CAR-T cells from healthy donors can be guaranteed. Finally, we decided to prepare allogeneic CAR T cells with donor-derived T cells. To our knowledge, this is the first report of allogeneic CAR-T cell therapy bridging to allo-HSCT in the treatment of primary Burkitt's lymphoma of the cervix. And it provides a more treatment options for refractory adult Burkitt's lymphoma.

(see Discussion section, page 11, lines 237-239 and 241-243)