

Peer Review File

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Reviewer comments

Reviewer A

Comment 1: This is a good article presenting a case of severe hemolytic disease of a newborn due to anti-E and other Mia-specific antibodies. Minor editing were made to the abstract for your consideration; see attachment in Check Change. It is also recommended to improve the readability of the manuscript in English.

Reply 1: Thanks for the positive response of the reviewer to our manuscript, and thanks for the editing to the abstract of our manuscript. We have accepted most of the editing to the abstract, except that the Miltenberger subsystem is now obsolete, so we used "The MNS blood group hybrid glycoprotein GP.Mur..." instead.

Changes in the text: We have modified our text as advised (see Page 3, Abstract).

Comment 2: Lines 65 and 80: It should be "related to" rather than "related with".

Reply 2: Thank you for your suggestion to improve our English.

Changes in the text: We have modified our text as advised (see Page 5, line 72 and 87).

Comment 3: Line 190: Suggest to delete "very".

Reply 3: Thank you for your comment.

Changes in the text: We have deleted "very" in Page 11, line 201.

Reviewer B

Comment 1: A few general notes: It is unclear from the case why the anti-Mia was suspected in addition to the anti-E. Consider including that sequence of events for clarity. Consider using the terminology "unexpected antibodies" rather than "irregular antibodies." When documenting where a reagent was used, include the location of the company. What national policies exist regarding maternal antibody screening? It is

mentioned that routine RhIG is not standard. How could this case highlight the need for testing and what would be the impact?

Reply 1: Thank you for the comments. The antibody identification results showed the serum of the mother and the eluate of the newborn's RBCs reacted positively with all E+ cells, while still positively with one E- but GP.Mur+ cell, which indicating the existence of anti-E combined with anti-'Mi^a'. We have included the explanation in the revised manuscript (see Page 9, line 161).

We have replaced 'irregular antibodies' with 'unexpected antibodies' in the revised manuscript as recommended. The location of the company was added as advised.

In China, the policy regarding the antibody screening (including maternal) is not to miss the most important clinically significant alloantibodies. For the antibody against the low frequency antigens of MNS glycoporphins, the mandatory policy including Mi(a+) cells in the antibody screening panel cells has been adopted in Hongkong and Taiwan regions of China but still not in the mainland of China. The frequency of glycoporphins and the corresponding antibodies gradually increases from the northern to southern regions in China, so, the Mi(a+) positive screening cells should be used at least in the southern region of China.

This case report will highlight the need to set up the policy involving Mi(a+) cells within the antibody screening panel cells especially in the southern region of China not to miss the maternal anti-'Mi^a'.

Comment 2: Line 196, HDFN is incorrectly spelled.

Reply 2: Thank you for correcting our spelling.

Changes in the text: HDFN has been corrected (see Page 11 line 207)

Comment 3: Consider modifying the sentence that begins, "In this case..." on line 221 for clarity.

Reply 3: Thanks for the comment.

Changes in the text: We have modified the sentence as advised (see Page 12 line 231)

Comment 4: It is unclear if Table 1 adds much to the manuscript. Consider removing.

Reply 4: Thank you for your comment.

Changes in the text: Table 1 has been removed as advised (see Page 17 Tables).