

Peer Review File

Article Information: <https://dx.doi.org/10.21037/jgo-24-222>

Reviewer A

The author should review and add information about:

- Camrelizumab (prevalance, grade of colitis, especially in HCC, because the author emphasized several times about this was the first report of vedolizumab in HCC, we have in other cancers).

Reply1: We would like to thank you for the insightful comment. We have added the mechanism of action of camrelizumab to the Discussion section as follows: “Camrelizumab, a humanized IgG4 monoclonal antibody with high affinity for PD-1, has demonstrated both efficacy and safety in the treatment of advanced hepatocellular carcinoma. Consequently, it has received approval as a monotherapy option in the second-line setting within China. The incidence of immune-related colitis following camrelizumab treatment in advanced hepatocellular carcinoma was observed to be 0.91%. However, when combined with rivoceranib, grade 1-2 diarrhea occurred in 28% of cases, while grade 3 diarrhea occurred in only 2% of cases.” (Line128-133)

- Challenging of refractory colitis

Reply 2: We would like to thank you for the insightful comment. We further described the challenges: “Intravenous corticosteroids are recommended as the initial standard treatment for ICI-induced enterocolitis. Historically, failure to achieve clinical remission with intravenous corticosteroids has consistently resulted in colectomy. The emergence of effective immunosuppressants such as infliximab and vedolizumab has provided an alternative therapeutic option for cases refractory to steroids. However, their utilization also carries an increased risk of opportunistic infection and secondary malignancies” in the Discussion section. (Line 133-139)

- The reason why not using infliximab

Reply3: Thanks for your insightful comment. We further elaborate on the rationale in the Discussion section: “In conclusion, Vedolizumab was chosen as a more favorable alternative to conventional infliximab in our case due to its gut-selective mechanism of action, which minimized the potential risk of hepatocellular carcinoma progression. The use of Vedolizumab in this context was deemed less likely to attenuate the antitumor effect of camrelizumab and offered the additional advantage of not increasing susceptibility to opportunistic infections or secondary malignancies, as observed with infliximab administration”. (Line 173-178)

- Other comments in attached pdf. file

Reply4: Revisions have been made to the manuscript in accordance with the comments provided in the additional PDF file.

Line 2 The sentence "Selective immunosuppressive therapy was employed for steroid-refractory patients." was added to the "Background".

Line 5 “very common” was revised as “highly prevalent”

Line 8 “immune checkpoint inhibitor-induced” was revised as “camrelizumab-induced”.

Line 10 “rapidly” was deleted and “vedolizumab” was revised as “following the administration of two doses of vedolizumab (300mg)”.

Line 40 “such as infliximab and vedolizumab” was added.

Line 71 The prevalence of camrelizumab-induced colitis was added in the Discussion section.

Line 72 “non-bloody” and “accompanied by fatigue.” was added.

Line 73 “The serum C reactive protein was 17 mg/L (normal, < 8 mg/L)” was added.

Line 92 “2 week apart” was revised as “with a 2-week interval at the fifth week following the onset of initial colitis.”

Line 93-95 “without causing any discomfort to the patient.” was added.

Line 106 The mechanism of action of camrelizumab was discussed

Line 124 References were added.

Reviewer B

In the present case report Authors described the story of a patient with steroid-refractory ICI-induced colitis, who improved with vedolizumab. Main comments:

1) Please describe more in depth the mechanism of action of camrelizumab.

Reply1: Thanks for your insightful comment. We have added the mechanism of action of camrelizumab to the Discussion section as follows: “Camrelizumab, a humanized IgG4 monoclonal antibody with high affinity for PD-1, has demonstrated both efficacy and safety in the treatment of advanced hepatocellular carcinoma. Consequently, it has received approval as a monotherapy option in the second-line setting within China. (Line128-133)

2) Please explain why Authors chose vedolizumab instead of infliximab, which is more widely used (see Losurdo G et al, Biomedicines 2023).

Reply2: We would like to thank you for the insightful comment. We further elaborate on the rationale in the Discussion section: “In conclusion, Vedolizumab was chosen as a more favorable alternative to conventional infliximab in our case due to its gut-selective mechanism of action, which minimized the potential risk of hepatocellular carcinoma progression. The use of Vedolizumab in this context was deemed less likely to attenuate the antitumor effect of camrelizumab and offered the additional advantage of not increasing susceptibility to opportunistic infections or secondary malignancies, as observed with infliximab administration”. (Line 173-178)