**Answers to editor and reviewers position paper CML**

Recommendations from a Portuguese expert group for discontinuation of Tyrosine Kinase Inhibitors in Chronic Myeloid Leukemia patients in clinical practice

**Editor**

Com o objectivo de optimizar a legibilidade do seu artigo e assim
incrementar potencialmente as citações do mesmo, recomendamos que os
conteúdos redigidos em inglês sejam revistos por  um "native speaker",
tradutor qualificado ou empresa especializada em serviços de "language
polishing".

**Resposta:** O artigo foi revisto por um “native english speaker”.

**Revisor A:**

This is an important work in that it gives clear guidelines to portuguese
heamatologists caring for CML patients and considering treatment suspension.
The authors should mention that the availability of generic imatinib has
considerably reduced the costs and price is no longer an important issue for
patients on imatinib.

**Answer:** This information was added to the Treatment Free Remission section, page 7, lines 1 to 3.

Table 1 should include a column with the number of patients included in each
study.

**Answer:** This information was added to Table 1.

When considering the main factors associated with a sustained TFR, a
history of suboptimal response or resistance is certainly not one.

**Answer:** This information was removed from the paper.

Page 10/25 patients that achieved a complete cytogenetic response should
instead read patients who achieved an early molecular response - in fact,
there is no need to repeat a BM aspiration at 3 months.

**Answer:** This sentence was corrected. Page 11, first line.

Page 11/25 1.2  patients should have a sustained MR 4.5 for at least 3
years - it  should be at least  2 years as most studies consider a
sustained DMR of 2 years.

**Answer:** This sentence was corrected. Page 11, point 1.2.

Point 2.1 should be considered a recommendation

**Answer:** Point 2.1 was corrected to recommendation. Page 12, point 2.1.

Point 2.3 b) there is some discrepancy in that the authors mention a DMR for
at least 3 years and then in the next paragraph they mention DMR of at
least 2 years

**Answer:** This discrepancy was corrected. Page 12, points 2.3 a) and 2.3 b).

Page 13/25 1.1 It should be mentioned that samples should be processed
rapidly (24 to 36h) to minimize RNA degradation - this is important in that
some centers send their molecular samples to be tested at reference labs, so
they should be sent early during the week.

**Answer:** This information was added to the paper. Page 13, point 1.1.

Page 14 2nd paragraph: fluctuations in BCR-ABL levels, should mention below
the level of 0,1% rather than below MMR

**Answer:** This sentence was corrected. Page 14, paragraph 2, line 1.

Fig 1 correct according to the above suggestions

**Answer:** Fig 1 was corrected according to the changes.

Patient education:  the importance of adherence to treatment should be
emphasized since this is essential for TFR to be considered.

**Answer:** The importance of adherence to treatment was emphasized. Page 15, last two lines.

Finally references 7, 22-24, 26-28, 31-32, 48, 50 and 53 are not correctly
indicated.

**Answer:** References were reviewed and duly corrected.

**Revisor C:**

I find the present manuscript globally important for the clinical practice.
It has a potential economic impact and the message deserves to be more
advertised. I find the manuscript well-structured and clearly written.

However I don’t agree with the authors when both in the introduction and
abstract, they state that the reason for publishing the present paper lays
in the idea that some barriers exist at the local level due to lack of
national guidelines. National guidelines are welcome but I think the
authors should explain which barriers (language?) they refer to, since the
same recommendations exist in international articles. I believe that the
hematology community is globally updated and that TKIs are only prescribed
in certified hematology departments.

I suggest that the authors’ rephrase the last sentence both in the abstract
and in the introduction.

**Answer:** The last sentences in the abstracts and in the Treatment Free Remission section were rephrased.