

To the reviewer,

We would like to thank you for the time taken reviewing the submitted manuscript and the comments made. Please see below a point-by-point response to your questions and queries. The manuscript has been amended with to reflect the comments.

1. Highlight research gap and contribution: At the end of the introduction, it is recommended to clearly state that reports of primary gastric high-grade “double-hit” B-cell lymphoma are scarce, and its clinical characteristics, diagnostic challenges, and prognosis remain poorly defined. Therefore, this case adds value to both clinical practice and the literature.

- The authors thank the reviewer for their review and comments. The manuscript has been amended to reflect this suggestion.

- The following has been added to the introduction *“Reports of primary gastric high-grade “double-hit” B-cell lymphoma are scarce, and its clinical characteristics, diagnostic challenges, and prognosis remain poorly defined.”*

2. Strengthen case report methodological clarity: Before the “Case Presentation” section or within the methods part, it should be specified whether the case adheres to the CARE guidelines. Moreover, ethical approval or at least written informed consent from the patient (though already mentioned in the footnotes) should be explicitly indicated in the methods or case description section.

- The authors acknowledge this comment and apologise for the oversight. The manuscript has been amended to include the CARE checklist statement along with an informed consent statement.

- The following line has been added to the manuscript in the case description *“Informed consent from the patient was obtained from the patient prior to submission of this manuscript.”*

3. Improve structural clarity: Currently, the case details are somewhat overloaded. It is suggested to use subheadings or tables in the methods-related section (e.g., "Laboratory findings," "Imaging," "Histopathology") to allow readers to capture the key points more efficiently.
  - The authors acknowledge this comment. Review of the manuscript demonstrates headings on laboratory findings, imaging and histopathology. The imaging findings in the history of presenting illness form part of the presenting complaint and as such this has not been changed.
4. Describe follow-up strategy: The methods or case presentation section should clarify how follow-up was conducted (outpatient visits, telephone follow-up, imaging review) and how treatment efficacy and complications were documented.
  - The case presentation has been amended to include the modality of follow up.
  - The following has been added to the Outcome and Follow-up section – *"On discharge he was reviewed monthly in the outpatient haematology clinic with regular blood tests. His post-discharge course was complicated by anaemia necessitating transfusions which subsequently resolved. Four months post discharge he had an outpatient PET scan which was consistent with radiological remission with improvement in his cell counts with a haemoglobin of 85 g/L, white cell count of  $1.6 \times 10^9/L$ , and improvement in his thrombocytopenia with a platelet count of  $92 \times 10^9/L$ ."*
5. Extend follow-up description: At present, the report only describes a "significant recovery" at discharge, without providing short- or mid-term follow-up results (e.g., at 2 weeks or 1 month). Although long-term follow-up is unavailable, at least the findings from the first post-discharge review should be presented and recorded.
  - The case has been amended to include the follow up results at 4 months including achieving radiological remission.
  - The following has been added to the Outcome and Follow-up section – *"On discharge he was reviewed monthly in the outpatient haematology clinic with regular blood tests. His post-discharge course was complicated by anaemia necessitating transfusions which subsequently resolved. Four months post discharge he had an outpatient PET scan which was consistent with radiological remission with*

*improvement in his cell counts with a haemoglobin of 85 g/L, white cell count of 1.6 x 10<sup>9</sup>/L, and improvement in his thrombocytopenia with a platelet count of 92 x 10<sup>9</sup>/L."*

6. Refine the conclusion: The conclusion section is currently too lengthy. It is recommended to streamline the language, ensuring it is concise and focused.

- The authors have amended the conclusion to ensure that it is more succinct, focused and concise. The authors thank the reviewer for their comments.

- The conclusion now reads as "*Primary gastric lymphoma is a relatively common site for extranodal lymphoma, with DLBCL being commonly implicated. High-grade "double-hit" and "triple-hit" B-cell lymphoma has emerged as a relatively new entity over the past decade, likely in the context of advanced molecular analysis of tumour tissue. This case report highlights an uncommon presentation of a high-grade "double-hit" primary gastric B-cell lymphoma that presented with back pain secondary to metastatic disease. It highlights the aggressive behaviour of the disease and reaffirm that studies are required to further characterise this disease entity.*"

The authors hope that the reviewed manuscript is deemed suitable for publication.

Kind regards,

Dr Robert O'Neill