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Response to Comment on: "Avatrombopag as a novel salvage therapy for refractory thrombocytopenia in THPO-mutated congenital amegakaryocytic thrombocytopenia after allogeneic hematopoietic stem cell transplantation"

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We agree that distinguishing *MPL*-mutated from *THPO*-mutated congenital amegakaryocytic thrombocytopenia (CAMT) is essential for therapeutic decision-making. In *THPO*-related CAMT, TPO is predominantly produced by the liver and the deficiency cannot be corrected by allogeneic hematopoietic stem cell transplantation (allo-HSCT).

In our patient, allo-HSCT was performed in August 2020 in the setting of severe bone marrow failure. Before transplantation, the platelet count had fallen to 9 $\times 10^9$/L, the absolute neutrophil count was 0.34 $\times 10^9$/L, and bone marrow examination showed complete depletion of megakaryocytes. Previous treatments, including corticosteroids, cyclosporine, platelet transfusions, and three courses of romiplostim, had failed to achieve a sustained response. At that time, avatrombopag had not been established as a treatment for children with inherited thrombocytopenia in China. The transplant was therefore an individualized salvage decision under critical circumstances, rather than an endorsement of allo-HSCT as standard treatment for *THPO*-mutated CAMT.

We acknowledge the findings of Seo et al.[3] and Pecci et al.[4], which underscore the importance of recognizing *THPO* mutation before considering HSCT. In our patient, the post-transplant course differed from that described in the series reported by Seo et al. The patient achieved rapid and sustained complete donor chimerism and survived for more than five years after transplantation. Whether the p.R119C variant retains partial function and may contribute to this difference remains speculative. Future studies could investigate the association between genotype, disease severity, and clinical outcomes in patients with *THPO*-mutated CAMT. In addition, serum TPO levels were not measured in this case, limiting further interpretation of the underlying mechanism. Routine serum TPO measurement in future studies may help clarify the underlying mechanism.

The main observation in our case is the sustained platelet response to avatrombopag after inadequate responses to recombinant human TPO, herombopag, and romiplostim. The platelet count remained above 100 $\times 10^9$/L during approximately 3.5 years of avatrombopag monotherapy. Although a single case cannot establish efficacy, this outcome supports further investigation of avatrombopag in *THPO*-mutated CAMT.

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