

Answering Reviewers

Reviewer #1:

Prostatic adenocarcinoma transform to carcinosarcoma is very rare. The reported cases were no more than 100. Till now, no vitro evidence sustain the hypothesis that ADT can promote the development of this kind of cancer progression. Thus, the reason for this rare ADT influenced adenocarsinoma to carcinosarcorma transformation may be individual difference. The patient have no familial history of prostate cancer. The surgical interventions showed dismal result in this patient. So an alternative palliative care can be considered.

Reviewer #2:

The authors concede the reason for this exceedingly rare ADT influenced adenocarsinoma to carcinosarcorma transformation may be individual difference. The gene analysis would be helpful to reveal the difference. We proposed the urinary cancer related gene sequence for the patient. Unfortunately, it was refused by the relatives. Pathological results after radical prostatectomy confirmed the adenocarcinoma (Gleason's score 3+4) involved 65% of the right side of prostate volume. The surgical margins were negative of tumor and there was no extracapsular extension. All lymph nodes from the bilateral obturator area were negative for metastasis. Because the patient's PSA level was 0.4 ng/ml at 2 weeks after the surgery. The patient underwent one year continuous ADT with goserelin and flutamide and the PSA level was 0.002ng/ml at the end of treatment. Then the PSA level was monitored every 3 month in four years and the results were below 0.2ng/ml. Unfortunately, the patient stopped follow-up himself 2 year ago for unknown reason. All above content were added in the revised manuscript.

Reviewer #3:

“Sarcomatoid carcinoma” was added in “keywords”.

EXPLAIN WHY IT’S RARE—Adenocarcinoma of the prostate is a very common cancer in men worldwide, whereas prostatic sarcoma is rare as 0.1% and more prevalent in younger age group. It is extremely rare for a elder patient to have both neoplasms.

OCCUPATION, RACE, MARRITAL STATUS- A 66-year-old Asian married male, who was retired from the Livestock Bureau (added in in the revised manuscript)

ANY OTHER RELEVANT SYMPTOMS PRIOR TO PRESENTATION? WEIGHT LOSS, PAIN, OTHER HOSPITALIZATIONS?---No other symptoms documented.

DESCRIBE AUTOPSY FINDINGS – TUMOR SIZES; HISTOLOGIC REVIEW OF POST MORTEM MATERIAL----The patient`s relatives choose to let him die at home. Autopsy proposal was refused.

DOES THIS CASE CONFIRM THIS HYPOTHESIS – SHOW EVIDENCE; ALSO NEED TO EXAMINE THE EPITHELIAL COMPONENT TO CONFIRM WHAT IT IS COMPRISED OF AND WHAT DIFFERENTIATIONS ARE IN THE STROMAL COMPONENT.---- As more than half of carcinosarcoma cases have been diagnosed after the diagnosis of adenocarcinoma, it is logical to think that the sarcomatous components arise secondarily through metaplastic phenomenon or transformation within the adenocarcinoma itself.