December 18, 2020

Dr. Hiten RH Patel
Editor-in-Chief, *World Journal of Clinical Oncology*

Dear Dr. Patel:

We are pleased to submit our revised manuscript entitled "Thromboembolic Events in Metastatic Testicular Cancer Treated with Cisplatin-Based Chemotherapy" (Manuscript NO. 58856). Point-by-point responses to the comments are below.

We would like to thank you, the reviewer, the science editor, and the editorial office director for your meticulous work and valuable advice. We hope that our manuscript will now be accepted for publication in *World Journal of Clinical Oncology*.

Reviewer #1, Comment #1: Dear authors, Thank you for your article and describing your experience with TEE and testicular GCTs. I have a few questions about the population, appreciating practices may vary between countries. I note 6 patients had RPLND prior to chemotherapy. Why was this?

Response to Reviewer #1, Comment #1: We have included the following sentences in the "Demographics and Clinicopathologic Characteristics" section in the Results (Page 5): "RPLND is an option prior to chemotherapy in cases of mixed germ cell tumors with negative tumor markers and evidence of retroperitoneal adenopathy. RPLND is a viable possibility especially if a teratoma is suspected, the tumor is not bulky, or if the patient prefers to avoid chemotherapy."

Reviewer #1, Comment #2: Is the rate of CVC related TEE higher than in other tumour groups?

Response to Reviewer #1, Comment #2: We have added the following sentences in the Discussion (Page 10): "Several risk factors have been identified as increasing the risk of developing venous thromboembolism (VTE), including the patient's age (>60 years), obesity, and history of anterior. The tumor's site, histological type, and stage also elevate the risk of VTE. Pancreatic cancer is the solid tumor with the highest likelihood of VTE, while lymphoma, acute leukemia, and multiple myeloma represent hematologic malignancies that pose a strong risk of VTE. Adenocarcinomas have a higher risk of VTE compared to squamous cell carcinomas, and an advanced tumor stage increases the prospect of developing a VTE. Advanced tumor stage and use of subclavian catheters are the main risk factors for CVC-associated thrombosis. Our Institution generally does not use CVC for delivering chemotherapy in patients with TCGT. However, CVC placement may be unavoidable for patients with poor venous access or patient preference. Educating patients and providers about the

thromboembolic risk of CVC may discourage them from selecting CVC as the desired route of chemotherapy infusion."

Reviewer #1, Comment #3: When did the TEE occur? Earlier or later in the chemotherapy cycles?

Response to Reviewer #1, Comment #3: Table 2 includes a column that is labeled "Timing of PE/DVT in relation to chemotherapy" which describes when the TEE occurred during chemotherapy. The TEE happened both early and late in the course of chemotherapy.

Reviewer #1, Comment #4: Do you have any data for levels of BHCG/aFP/LDH at baseline for those who developed TEE vs those who didn't? Are they significant?

Response to Reviewer #1, Comment #4: We agree with the reviewer that levels of BHCG/aFP/LDF may be risk factors for developing TEE according to studies in the literature. We did not collect tumor marker data in our current dataset.

Reviewer #1, Comment #5: How many patients had an orchidectomy prior to chemotherapy/TEE? Could this have been a risk factor?

Response to Reviewer #1, Comment #5: We have added the following sentence in the Materials and Methods (Page 4): "All patient in our study underwent orchiectomy (without any exceptions), and the pathology was determined based on the orchiectomy."

Science Editor, Comment #1: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response to Science Editor, Comment #1: Our article did not include any original pictures/figure documents. Our article did include 4 tables that are editable.

Science Editor, Comment #2: The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Response to Science Editor, Comment #2: We have included a new section entitled "Article Highlights" at the end of the main text.

Editorial Office Director: The authors need to provide editable Tables.

Response to Editorial Office Director: We have now provided editable tables.

Company Editor-in-Chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Cardiology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Response to Company Editor-in-Chief: We thank you very much for your positive review of our manuscript. We have incorporated all of the revisions requesting by the reviewer, science editor, and editorial office director. We hope that our manuscript will be accepted for publication in World Journal of Clinical Oncology.