

Dear Editor,

Thank you for your letter and advice on our manuscript entitled “Primary Nonkeratinizing Squamous Cell Carcinoma of the Scapular Bone: A Rare Case Report and Literature Review”. Accordingly, we have revised the manuscript. All amendments are highlighted in red in the revised manuscript. In addition, point-by-point responses to the comments are listed below this letter. All answers were written in bold text. We hope that the revision is acceptable for publication in your journal. In addition, since this manuscript represents one of our jobs in 2020, we very much hope that the editor can speed up the publication process of this manuscript. Of course, we are also willing to bear the additional costs incurred. Urgently hope to get your help.

Yours sincerely,

The Authors

**Replies to Reviewer #1:**

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:**

This is an interesting case report in view of the rarity of the disease. A quick literature search myself concurs that there is a scarcity of case reports on non-skull primary osseous SCC.

**Response: Thank you for your positive feedback on our study.**

Attached images are appropriate. However, would the authors consider separate figures for CT and MRI?

**Response: Thank you for your constructive comments. We agree with the reviewers and have already separated figures for CT and MRI in our manuscript revision.**

Also, it will be helpful to state the MRI phase in the description.

**Response: Thanks for your thoughtful suggestion. We have added statement of the MRI phase in the description in the revised manuscript.**

Line 36 and 105. Kindly clarify if this was a core biopsy?

**Response: Thank you for your warm prompt. We have confirmed that it was indeed a core biopsy mentioned in Line 36 and 105. And we have rewritten the phrase as follows: Ultrasound-guided core needle biopsy (Line 38 and 104-105).**

What was the final histology for the resected specimen?

**Response: Thanks for your warm prompt. The final histology for the resected specimen was mentioned in Line 41 in the CASE SUMMARY. However, there was no statement in the main text. Inspired by your warm prompt, we believe it is helpful and appropriate to state the final histology for the resected specimen in the main text, and we have added it in the part of TREATMENT in our revised manuscript. Described as follows (Line 127-131):**

**The histopathological examination and immunohistochemical analysis of the resected specimen confirmed that it is composed entirely of malignant squamous cells. Therefore, the diagnosis was primary nonkeratinizing SCC of the right scapular bone.**

Kindly remark if it consists of purely squamous cells alone or were there spindle cells?

**Response: Thanks for your thoughtful suggestion. We have consulted the pathologist in our hospital and confirmed that it consists of purely squamous**

cells alone and there were definitely no spindle cells. We have added the statement in our revised manuscript. Described as follows (Line 104-106):  
**Histopathological examination of the core biopsy specimen revealed that it consisted of purely malignant squamous cells along.**

This should only be labelled as primary bone SCC if the lesion is composed entirely of squamous cells. Otherwise, is there a possibility of this being a squamous component of a sarcoma?

**Response:** Thanks for your warm prompt. The pathologist in our hospital was invited to confirm that the lesion is composed entirely of squamous cells, by once more observing the histopathological examination and immunohistochemical analysis of the lesion. Therefore, this can be labelled as primary bone SCC, and there is no possibility of this being a squamous component of a sarcoma. Described as follows (Line 127-131):

**The histopathological examination and immunohistochemical analysis of the resected specimen confirmed that it is composed entirely of malignant squamous cells. Therefore, the diagnosis was primary nonkeratinizing SCC of the right scapular bone.**