1. Kindly enumerate immunomarkers used by you to rule out other soft tissue tumors and explain how each marker was used to rule out the other tumors instead of writing "Other markers included EMA, p53, vascular endothelial markers, myogenic markers, melanin markers, dendritic cells and histocyte markers, and leukocyte markers, which were all negative. The proliferation index of Ki-67 was low, typically less than 2%" in discussion.

   Answering： Other markers included SMA and ALK, which label inflammatory myofibroblastic tumors; MDM-2 and CDK-4 which are used for the diagnosis of pleomorphic liposarcoma; S-100 protein and HMB45, which are used for the diagnosis of spindle cell malignant melanoma; STAT-6, which is used for the diagnosis of solitary fibrous tumors; and EMA, p53, CD68 and desmin, which are used for the diagnosis of angiomatoid fibrous histiocytoma. The tumors were negative for these markers. The proliferation index of Ki-67 was low, typically less than 2%.

2. Language editing should be carry out throught-out the manuscript. many spelling mistakes like for histiocyte- u have typed histocyte should be rectified.
   Answering: English-speaking professionals from AJE re-edited the language. A language editing certificate issued by AJE was provided.

3. Mention of mitotic count should be done per 50 hpf. Ofcourse, it should be less than 1/50 but in discussion you have mentioned mitosis was rare. please be specific.
   Answering: Medium-sized spindle to epithelioid cells were arranged in bundles and sheets with obvious nuclear atypia and pleomorphism, but mitosis was rare (<1/50HPF).
4. I found no “Author contribution” section. Please provide the author contributions
   Answering: Author contributions: Li-Ding, Wen-Jing Xu and Xiao-Ying Tao, collected data and wrote paper. Zhao-Gen Cai analyzed the data analyzed the data and directed the writing. Liang-Zhang checked the article for errors.
5. I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s)
   Answering: funding agency copy of any approval document(s)has been uploaded
6. I found the authors did not provide the original figures. 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
   Answering: The picture has been uploaded in the form of PowerPoint and the form has been uploaded in the form of word document.

7. I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout
Answering: I have listed all the authors of each reference in the manuscript and provide the PubMed numbers and DOI citation numbers.
8. I found the authors did not write the "article highlight" section. Please write the "article highlights" section at the end of the main text.
Answering: the "article highlights" section have been written at the end of the main text.

ARTICLE HIGHLIGHTS

Research background: Superficial CD34-positive fibroblastic tumor (SCPFT) is a newly discovered mesenchymal tumor that is mainly composed of fibroblasts. Given the lack of established diagnostic criteria, SCPFT is associated with a high misdiagnosis rate.

Research motivation: We are writing this paper to further describe the histopathological characteristics and genetic characteristics of this entity, so pathologists can more accurately diagnose the disease.

Research objectives: The main purpose of this study is to further elucidate the characteristics of SCPFT; its genetic characteristics are of great concern to pathologists.

Research methods: We retrospectively analyzed the clinicopathological, immunohistochemical, and fluorescence in situ hybridization characteristics of 4 SCPFT patients treated at our institution.

Research results: In general, these tumors are mostly single well-defined nodules. Microscopically, the tumors were composed of irregular spindle to oval-shaped cells with eosinophilic and granular cytoplasm. A few scattered tumor cells were markedly polymorphic with hyperchromatic, abnormal, and pleomorphic nuclei that frequently displayed intranuclear pseudoinclusions. HE staining of some tumors with interstitial mucoid degeneration was similar to that of mucinous fibroblastic sarcoma. Immunohistochemical staining showed that CD34 was strongly expressed in all cases, and approximately 60% of the tumors expressed CK locally (AE1/AE3). ALK and PDGFB gene rearrangements were analyzed in all 4 cases by fluorescence in situ hybridization. The 4 tumors were negative for ALK rearrangements, and PDGFB rearrangements were not detected.

Research conclusions: Our findings may further contribute to the recognition of SCPFTs, including the clinical context in which they arise; it is important to avoid confusion with other pleomorphic soft tissue tumors, particularly neoplasms in the group of pleomorphic sarcomas, which are typically aggressive tumors, as that could lead to unnecessary overtreatment.

Research perspectives: In follow-up work, more cases will be collected for comparative studies of the clinical and pathological aspects. An in-depth analysis will be conducted at the gene level through second-generation

sequencing to confirm the uniqueness of this entity and provide the basis for precise clinical treatment.

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   Answering: Audio core tip has been uploaded in MP3 format.