Dear Editors and Reviewers:

Re: Manuscript ID:63051 And Title: Minimal deviation adenocarcinoma with elevated CA19-9: A case report

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Minimal deviation adenocarcinoma with elevated CA19-9: A case report" (ID: 63051). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Reviewer #1:

1. *Comment: Lines 3-5, page 3; "Minimal deviation adenocarcinoma…to myxoma histopathology", Kindly rephrase this sentence in the background of the abstract for ease of clarity.*

Reply: We gratefully appreciate for your valuable comment. The revised text is as follows: Minimal deviation adenocarcinoma is a rare malignant, high rate of misdiagnosis, high aggressiveness, diagnosis of disease according to histopathology.

2. *Comment: Lines 11-12, page 5; "Pelvic pain was uncommon, but cervical hypertrophy was present in 74.9% of cases." It is unclear if the authors are referring to a particular study here as the entire introduction section has no citations or reference to relevant literature. As per the CARE checklist, kindly provide appropriate references for the information presented in the introduction section of this case report.*

Reply: Thank you for your valuable suggestion. We have cites related literature about MDA in the proper place of the revised manuscript.

3. *Comment: Line 28, page 7; "The etiology and pathogenetic of MDA…" Do the authors mean "pathogenesis"?*

Reply: We appreciate for your valuable comment. We have replaced "pathogenetic" with "pathogenesis" following your suggestion. The revised text is as follows: The etiology and pathogenesis of MDA remains unclear. Thank you so much for your careful check, and the mistake has been corrected in the revised manuscript. We feel sorry for our careless.

4. *Comment: Lines 2-3, page 8; "gastric type (minimal deviation adenocarcinomas) belongs to non-hr-HPV related." This sentence is not immediately clear. Kindly rephrase or expand for ease of clarity.*

Reply: We gratefully appreciate for your valuable comment. Please see page 7 of the revised manuscript, lines 27-30 and page 8, lines 1-2. The revised text is as follows: Common cervical adenocarcinoma is usually associated with high-risk HPV infection. However, current studies have found that MDA occurrence is not related to HPV infection. According to WHO classification, MDA is defined as a HPV-independent cervical adenocarcinoma, which is a rare mucinous adenocarcinoma with gastric gland differentiation.

5. *Comment: Lines 19-20, page 8; "In this case, only MR produced positive results on imaging."*

Are the authors referring to "MRI"?

Reply: We appreciate for your valuable comment. We have replaced "MR" with "MRI" following your suggestion. The revised text is as follows: In this case, only MRI produced positive results on imaging. Thank you so much for your careful check, and the mistake has been corrected in the revised manuscript. We feel sorry for our careless.

6. *Comment: The limitations and strengths in the approach to the case are not explicitly defined in the discussion section. Kindly highlight the limitations and strengths of your clinical approach and the implications thereof.*

Reply: Thank you for your comment. It is important to emphasize that the highlight the limitations and strengths of our clinical approach and the implications thereof. We have revised the text to address your concerns and hope that it is now clear. Please see page 9 of the revised manuscript, lines 7-14. The revised text is as follows: There are few reports about the diagnosis and treatment of MDA. Considering that its molecular biological characteristics (easiness to infiltration, early metastasis and diffusion, and insensitivity to chemoradiotherapy), surgery is the best choice. It is recommended to perform transabdominal hysterectomy + pelvic lymphadenectomy, and adjuvant chemoradiotherapy should be carried out according to whether there are high-risk factors after surgery.

All in all, with the popularity of screening for HPV-related cervical lesions and the wide vaccination of HPV vaccines, the incidence rate of non-HPV-related tumors (such as MDA) may increase. In this patient, PET-CT failed to show its advantage in the diagnosis of malignant tumors, which may be due to less blood perfusion and weak marginal metabolism at the lesion site, but MRI examination could clearly indicate the lesion. Our research shows that for patients with vaginal discharge but negative cytological examination, we should be alert to the possibility of MDA. Deep biopsy or conization should be performed when necessary, combined with auxiliary examination techniques (such as MRI, immunohistochemistry, and methylation) to provide the basis for MDA diagnosis.

Special thanks to you for your good comments.

Other changes:

1. Line 3-6, page 2, the statements of "Author contributions" was added.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

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