

## Answering Reviewers

Dear Editors and Reviewers:

The newly submitted file is a revision of our Manuscript (NO: 68301) that includes specific changes made in response to the reviewers' comments. The manuscript is titled "**Clinical Characteristics and Outcomes of Primary Intracranial Alveolar Soft-part Sarcoma: a case report and literature review**". The reviewers' comments were valuable while we revised and improved our paper. We have carefully studied the comments and made corrections correspondently, which are outlined below. We hope this version will meet your approval.

### Reviewers' comments and Answers:

#### Reviewer # 1:

**Comment 1:** In this case series, the authors would like to discuss their experience about diagnosis, treatment, and survival outcomes of a series of patients affected by Primary intracranial alveolar soft-part sarcoma, pooling previous reported cases. The topic is interesting and relevant in the fields. This article may be interesting to a wide circle of researchers and physicians, since it gives new insights on a very rare malignancy, with unfavourable prognosis, affecting especially young adults. The information provided in this manuscript may be useful for further research. The manuscript is well organized and comprehensively described. The references were used properly.

**Answer:** We appreciate your positive comments on our manuscript! Systematical description of the rare brain malignancies is our interest. We believe this kind of work can help clinicians better understand these tumors.

#### Comment 2:

I have only minor comment to be addressed. - The authors should better motivate the indication of treating a patient with both chemotherapy and radiotherapy in the adjuvant setting, since it is known that alveolar soft-part sarcoma is not a chemo-sensitive sarcoma. Relating to this issue, in the discussion paragraph, the authors should also report the recent literature data about the use of immune checkpoint inhibitors in alveolar soft-part sarcoma, which to date seems to be one of the soft tissue sarcoma potentially benefitting from immunotherapy.

**Answer:** We agree with the reviewer's suggestion that we should explain chemotherapy and radiotherapy in the adjuvant setting clearly. In the revised version, we described as "**based on our**

**experience, those patients with a high Ki-67 index or incomplete tumor resection were suitable for radiotherapy.” (Line 149-151)**

In terms of indication of chemotherapy, to be honest, our case study can not prove PIASPS patients can benefit from it (“**Consequently, our results failed to find evidence for the efficacy of chemotherapy, in prolonging either PFS or OS**”, (Line 160-161)).

We updated a recent study using immune checkpoint inhibitors in ASPS. Instead, just as revised in the new manuscript, we wrote and “Emerging data showed that ASPS patients benefited from immune checkpoint inhibitors (ICI). Recently, Su et al. reported an advanced lung ASPS with multiple metastases, including the brain. With combined TKI inhibitor and ICI therapy, partial remission in brain metastases was achieved. Benefits from these novel treatments based on limited cases addressed the necessities to verify the response of ASPS in large-scale clinical trials. Therefore, in clinical practice, PIASPS patients should be encouraged to be involved in clinical trials, just similar to primary glioblastoma.” (Line 164-170)

## **Editor' comments and Answers**

### **Editor' comments #1**

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\*5 Issues raised: (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;

**Answer:** We submitted a PPT, where an editor could edit all graphs, arrows and text.

### **Editor' comments #2**

(2) References should be updated to recent literature;

**Answer:** We tried our best to update our references already. Please keep in mind, most studies that reported PIASPS previously were published before 2016. This is a result of the rare nature of the disease. We tried our best to update our references already.

### **Editor' comments #3**

(3) Figure legends should be written per journal standard;

**Answer:** We just followed the guideline and template found in the link you kindly shared with us (<https://www.wjgnet.com/bpg/GerInfo/291>).

### **Editor' comments #4**

(4) Manuscript format should be updated per journal standard;

**Answer:** We did not precisely follow the guideline for the case report. According to the guideline or template, we should present our findings in chief complaints, history of past illness, physical examination, etc. This template is perfect for a study that only reports one case. However, we here report five consecutive cases. Therefore, I summarized the most critical clinical features, treatment details and outcomes. Also, according to #1 reviewer's comments, the manuscript only needed minor revision, indicating the way we presented the data was acceptable also.

### **Editor' comments #5**

(5) Copyright License Agreement and Conflict-of-Interest Disclosure Form are missing.

**Answer:** We have submitted by email to [l.sma@baishideng.com](mailto:l.sma@baishideng.com) on July 08, 2021 already.

### **Editor' comments #6**

(6) English should be re-edit and polished as reviewer commented there are still typos in the paper.

**Answer:** we had polished already.

### **Editor' comments #7**

(7) Informed consent was not provided, this is required and should be provided on a letter with the hospital's letter head.

**Answer:** Before the patients were involved in our study, we obtained their verbal informed consent. Our manuscript contains no identity details of subjects.

**Editor' comments #8**

(8) Non-Native Speakers of English Editing Certificate was not provided. Please visit the following website for the professional English language editing companies we recommend:

<https://www.wjgnet.com/bpg/gerinfo/240>. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

**Answer:** Although we did not use English as a mother language, our manuscript was edited by English-speaking researchers. We also further evaluated the grammar in an online platform (<https://app.grammarly.com/>), and the manuscript could achieve as high as 95 scores (total 100 scores). We believe the language quality is high enough to read. However, if you insist that we should get a grammar certificate, we will, of course, follow your suggestion.

Please contact us if there are any necessities for further revision.

Yours sincerely,

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