

Dear editor:

Thank you very much for your decision letter and advice on our manuscript entitled “A rare case of solitary primary pulmonary synovial sarcoma and literature review”. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer 1

“The manuscript is well written, the reported case is presented clearly and without any speculative statements. The language is very good and I have nothing to criticise about the text and the content. I recommend acceptance in the current form of the manuscript.”

Appreciate for you reviewing our manuscript and thank you for your positive comments on it.

Replies to Reviewer 2

1. The table 1 does not seem to be necessary because the authors state laboratory data were all within normal limits in the manuscript.

We strongly agree with you that we have removed table 1 in the revised manuscript.

2. Histologically, synovial sarcoma can be classified into the biphasic, monophasic fibrous or spindle-cell type, and poorly differentiated type. If the whole of tumor was pathologically examined, it would be better that the authors mention monophasic fibrous or spindle-cell type (often in the lung) in the manuscript.

Thanks for your thoughtful suggestion.

As you mentioned, this case was diagnosed as synovial sarcoma in monophasic fibrous or spindle-cell type by a senior pathologist finally. We have added it in the part of Case presentation of the revised manuscript.

3. The authors show patients with PPSS have poor prognoses in the discussion. In the present case, the tumor was a 4.2 cm-mass located centrally at the posterior segment of right upper lobe. Then, is it conceivable that a lobectomy may have been appropriate for treatment of the patient?

Very good suggestion!

The main surgeon of this case told us he completely agree with the reviewer's opinion that should take lobectomy if synovial sarcoma can be identified preoperatively. To this case, we didnot take the lobectomy operation for following two reasons: 1. because of synovial sarcoma originating in the lung is extremely rare, we estimated that it was a benign spindle cell tumor before operation; 2. the patient was young, and we wanted to preserve the lung tissue as much as possible and reduce the loss of lung function. We take strict follow-up stratagy. The patient's condition was stable, and there was no recurrence by the following six-month after surgery.

This revised manuscript has been edited and proofread by **Medjaden Inc.**.

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Hui-ming Sun

2022-2-16