

Reviewer #1:

Specific Comments to Authors: ECS is a rare, but life-threatening condition in patients with NET, which often originate from lung, thymus, also pancreas. The authors described a ECS case developed from a metastatic MCC, no report in previous literature. so this manuscript will bring important information to our readers. Also, the manuscript was well organized and presented. but I have a suggestion to the authors, could you please provide the MCC pathological photos diagnosed by lymph node biopsy in 2018? That would be better if it is available.

Answer

As suggested, we provide in Fig.1 cytopathology cell block images of Merkel cell carcinoma from the lymph node biopsy

Reviewer #2:

Specific Comments to Authors: Dear Author(s) You state that the patient has been receiving treatment for two years. I would like a detailed pathology definition. I would like to learn detailed immunohistochemistry and Ki-67 results. Why the patient is not Small cell lung carcinoma should definitely be mentioned in the discussion. Which chemotherapy It received. Was there anything to suggest a primary lung mass. Has nuclear medicine imaging been considered?

Answer

The MCC was staged cTX N1bM1c according to the American Joint Committee on Cancer 8th Edition Cancer Staging System. We add figure 1 which shows imaging of the Hematoxylin & Eosin staining of the MCC in the lymph node biopsy as well as the positive immunochemistry staining for keratin 20 and synaptophysin. The Ki67 proliferative index was very high (>80%). In the description of the patient disease (lines 82-90) we detailed the antineoplastic treatment the patient received. We also mentioned in the discussion that there was not any prove of lung metastatic disease (lines 112-114) . After revision of all the 18FDG- PET/CTs of the patient there was no lung disease but only uptake in mediastinal lymph nodes.