Responses to Reviewers

To reviewer #1:

To question 1: Case description should be written in a paragraph rather than under separate headings. There is significant repetition within the case description. The overall flow is not smooth.

R: Thanks for your comments. The requirement for the case format of the World Journal of Gastrointestinal Oncology is that the abstract part contains the refined case description. Then the case is described in detail with a separate title. So there seems to be a lot of overlap between these two parts.

To question 2: Was there any further imaging like PET scan to determine any other sites of distant metastasis?

R: Thank you for pointing this out. We think it was necessary for further imaging such as positron emission tomography-computed tomography (PET-CT) to determine any other sites of distant metastasis. However, the PET-CT was not completed in time because our hospital was not equipped with PET-CT equipment. Meanwhile, we informed her family that a PET-CT is essential in evaluating the patient's prognosis. The family members promised that they would go to another hospital for a PET-CT scan. Unfortunately, due to the rapid deterioration of the patient, the patient died before the PET-CT was completed.

To question 3: Within case description, the mention of treatments must be specific and not vague like "liver protection" which may mean multiple things.

R: Thanks for the correction. This patient was treated with S-adenosylmethionine (intravenous infusion, 1.5 g once a day) to protect the liver and relieve jaundice.

To question 4: There are some factual inaccuracies which need to be corrected.

R: Thanks. We have substantially revised this manuscript, especially in the background, introduction, the first and last paragraphs of the discussion, and the conclusion section, to reduce duplication and errors further.

To question 5: Language and grammar polishing is required.

R: Thanks. We have sent the revised manuscript to a professional English language editing company to polish the manuscript further. A new language certificate along with the manuscript is attached.

To reviewer #2:

To question 1: The development of extrahepatic cholangiocarcinoma may be associated with primary sclerosing cholangitis. Please examine whether the bile duct had pathological findings suggestive of primary sclerosing cholangitis in this case.

R: Thank you for pointing this out. The pathologist re-examined the HE section. Due to the small number of biopsy samples, only 1-2 free small bile ducts were seen, the bile duct structure was incomplete, the surrounding interstitium was destroyed, and it was not clear whether there was primary sclerosing cholangitis.

To question 2: Check that the asterisk described in the legends of Figure 1 does not correspond to the actual figure. The correct asterisks seem to be " * ".

R: Thanks for the correction. We have changed the asterisk described in the legends of Figure 1 to " * ".

To question 3: Figure 2 seems to be the most important figure in this report. Biopsy results including immunostaining are shown. It is better to enlarge the HE staining and show the signet ring cell using asterisks or the like. In immunostaining figures, it is better to compare at the same site, so please correct it if possible.

R: Thank you for pointing this out. We have changed the figure of HE staining to 400×, and at the same time, the arrows represent the signet ring cells, among which the red arrows represent peripherally displaced nuclei. We changed the immunostaining figures to 400×, and it was the pathologist who made the color map at the same site.

To question 4: Table 1 suggests that the prognosis after radical resection is not good even in cases without distant metastasis. In conclusion, I agree that aggressive surgery should be performed on patients who are suitable for surgery, but it is more reasonable to conclude that multidisciplinary treatment such as concomitant use of chemotherapy is necessary.

R: We would like to thank the reviewer for the suggestion. Some cases with poor prognosis after radical resection do exist in our study. For treatment, surgical treatment should be the golden standard for patients with primary SRCC of the extrahepatic bile duct without distant metastasis. However, aggressive multidisciplinary treatment is also necessary when surgical resection is not feasible or metastasis occurs.

To question 5: If the MSI of the biopsy tissue is known, please describe it.

R: Thanks for your comments. Regrettably, the MSI test of the biopsy tissue was not performed in our case.