

ANSWER TO REVIEWER

Reviewer's number ID: 06232713

Dear reviewer,

Thank you for the evaluation of our manuscript. Please find below our explanations about changes in the manuscript as a response to your remarks.

Remark 1. “History of past illness” (pag. 3): more details on the primitive tumor are necessary to better understand the initial risk of distant metastases development, as it has been well described in the literature how thicker Breslow melanomas do carry a higher risk of recurrence/metastatic spreading. It would be of great interest to the reader to fully know essential characteristics such as Breslow thickness, melanoma histological type (superficial spreading versus nodular), mitotic count, ulceration etc.

Answer:

We contacted the institution where excision of the tumor was performed and added primary tumor histological type, Breslow thickness and mitotic count to the “History of past illness” paragraph.

Remark 2. “Systemic chemotherapy is now used as a treatment option for patients with metastatic melanoma” (pag. 8): this sentence is misleading. Therefore, I would make this concept clearer, highlighting that target/immune-therapy options currently represent first options even in advanced metastatic melanomas.

Answer:

We changed this sentence and highlighted that systemic chemotherapy is used as a palliative treatment option for relapsing and resistant to other treatments melanoma. In the manuscript we focused mostly on immunotherapy.

ANSWER TO REVIEWER

Reviewer's number ID: 00505755

Dear reviewer,

Thank you for the evaluation of our manuscript. Please find below our explanations about changes in the manuscript as a response to your remarks.

Remark 1. The last paragraph in Discussion needs to be revised to describe in detail on serologic markers for melanoma detection.

Answer:

The paragraph about serologic markers (LDH and S100B) has been included in the discussion.

ANSWER TO REVIEWER

Reviewer's number ID: 01557050

Dear reviewer,

Thank you for the evaluation of our manuscript. Please find below our explanations about changes in the manuscript as a response to your remarks.

Remark 1. The reviewer would like to know the characteristics of this case such as histopathology. Please describe more specific points of this case, especially the associations between the histopathological findings with immunohistochemistry staining and multiple metastasis of malignant melanoma.

Answer:

We added primary tumor histological type, Breslow thickness and mitotic count to the manuscript and expanded the description of the histology. We also added additional paragraphs in the discussion about nodular melanoma metastases.

Remark 2. Please explain the reasons for multiple metastases of malignant melanoma in Discussion and Histological findings.

Answer:

The additional information about the reasons of multiple metastasis of nodular melanoma to the discussion.

ANSWER TO SCIENCE EDITOR

Dear science editor,

Thank you for the evaluation of our manuscript. Please find below our explanations about changes in the manuscript as a response to your remarks.

Remark 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. Uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”;

Answer:

We prepared PowerPoint file with original figures.

Remark 2. RPMID numbers are missing in the reference list. Please provide the PubMed numbers to the reference list and list all authors of the references.

Answer:

We added PMID numbers to the reference list.