

Reviewer #1: The current case report has addressed well the extremely rare solitary fibrous tumor. Study design and presentation of the results are quite appropriate for the scope of the manuscript. However, there are some issues and questions that should be addressed in the study.

Response: We sincerely thank the reviewer for his/her valuable comments. We have made reasonable revisions or supplement relevant experiments to the manuscript.

1- Previous published case reports on clinicopathologic features of renal solitary fibrous tumors can be tabulated

Response: Thanks for your valuable suggestion. We have listed the previous case report of renal pelvis SFT in table 1.

2- Other benign conditions that mimic renal pelvis neoplasm could enrich your manuscript. (doi: 10.1097/MD.00000000000020851. )

Response: Thanks for your valuable advice. We have added the article (doi: 10.1097/MD.00000000000020851) in our reference(Reference 11). However, our case reported in this manuscript is different from the Antopol-Goldman lesion. In our case, the patient did not have history of hematuria.

3- Please add appropriate references to sentences below -P9 Line 158: "Metastasis may occur in the lungs, liver, and bones" -P9 Line 159: " There are also reports of retroperitoneal recurrence"

Response: Thanks for your valuable suggestion. We have already added appropriate references to sentences below -P9 Line 158: "Metastasis may occur in the lungs, liver, and bones"<sup>1</sup> -P9 Line 159: " There are also reports of retroperitoneal recurrence"<sup>2</sup>.

1. Dozier J, Jameel Z, McCain DA, Hassoun P, Bamboat ZM. Massive malignant solitary fibrous tumor arising from the bladder serosa: a case report. Journal of medical case reports 2015; 9: 46.
2. Manica M, Roscigno M, Naspro R, et al. Recurrent retroperitoneal solitary fibrous tumor: a case report. Tumori 2021; 107(6): Np11-np4.

Reviewer #2:

The case is of interest, although it would be easier to read if the whole story would be written in a continuous flow rather than as different headings and paragraphs. I would also recommend to discuss the risks of end stage renal disease, as total nephrectomy is not even always recommended for highly aggressive tumors as urothelial carcinomas, therefore a proposed algorithm on the basis of the radiological appearances, dimensions and general patient conditions could be useful to the readership. For instance, there could also be the possibility of auto-transplantation after backtable removal.

Response: Thank you for your valuable comments.

1、 According to the previous clinical experience in treating renal pelvis SFT, radical nephrectomy is the most commonly chosed operation<sup>3</sup>. As shown in table 1, most of the patient with renal pelvis SFT choose nephrectomy. Although SFT in this case has low malignancy, it also has the possibility of recurrence and metastasis. Therefore, radical nephrectomy should be main choice for renal pelvis SFT.

2、 We have communicated with the patient's son on the choice of operation. After considering the patient's age, surgical risk, preoperative renal function assessment, possible tumor types and economic factors, we agreed on the radical nephrectomy.

3. Khater N, Khauli R, Shahait M, Degheili J, Khalifeh I, Aoun J. Solitary fibrous tumors of the kidneys: presentation, evaluation, and treatment. Urol Int 2013; 91(4): 373-83.

Reviewer #3: The case report is very interesting. However, I've detected a few issues:

Response: Thank you for your valuable comments.

1. 132-133 lines RAML and angiomyolipomas. Please remove one.

Response: Thank you for your suggestion, we have removed “angiomyolipomas”.

2. Figure 1. It could be nice if you put an arrow showing the lesion. Picture B, please write the phase, not the intravenous period. In the C image, you are writing contrast-enhanced, but in D, you are not mentioning the enhancement. Please clarify.

Response: Thank you for your advice. First, we added arrows in Figure 1 to show the lesion; Second, the “intravenous period” has been revised to “venous phase”; Third, we have added “contrast-enhanced” in the illustration of Figure 1D.

3. The manuscript needs extensive native English editing.

Response: Thank you for your advice. Our manuscript has already been polished by professional organizations. The relevant language certificate is uploaded in the attachment.