

Jin-Lei Wang,  
Company Editor-in-Chief, Editorial Office  
World Journal of Clinical Cases  
Jul 2, 2022

Dear Dr. Wang,

Re: Manuscript reference No. 77853

Please kindly to check the attached revised version of our manuscript entitled “Clinical Characteristics and Prognosis of Orbital solitary fibrous tumor in a Chinese Tertiary Eye Hospital” , which we would like to resubmit for publication in World Journal of Clinical Cases.

We highly appreciate your valuable and insightful comments on our manuscript, which make it more complete and better. Here are our point-by-point responses to each of them, with details as the parts marked in RED in the following text. Any further requests or remarks, please be free to keep us informed, hopefully our revised manuscript will meet the publication requirement in the near future.

We look forward to your reply.

With best regards,

Yours sincerely,  
Ming-Yu Ren  
Email: 147237583@qq.com

### **Responses to the comments of the Reviewer #1:**

1. Key Words: Please omit 'diagnosis; treatment; prognosis' keywords from the Key Words list and add more relevant keywords.

Response: **I have already amended them accordingly!**

2. Results: Clinical Presentation: 1. The term 'exophthalmos' is specifically used to describe a different ophthalmological condition, thus please use the terminology 'proptosis' here and modify accordingly. 2. The use appropriate scientific terminology for 'eyeball dislocation'. The appropriate terminology would be 'non axial or eccentric proptosis or displacement' here, please modify accordingly. 3. Please explain what the authors want to mean by 'motility disturbances'. Please use appropriate terminologies and elaborate the same.

Response: **This is very valuable and scientific advice. I have revised the relevant content accordingly. The word "motility disturbances" is inappropriate, as a result I have changed it to "impaired control of eye movement".**

3. Orbital Ultrasonography examination: 1. Please clarify how orbital vascular tumors or vascular malformations were ruled out in these '12 (92.3%) patients had abundant branching blood flow signals; 12 (92.3%) patients had small flaky blood flow signals' cases.

Response: **In order to keep the expression more explicit, we had done corresponding modifications.**

**"12 (92.3%) patients had abundant branching blood flow signals in the mass, include 1 (7.7%) recurrent case; another (7.7%) recurrent patient had small flaky blood flow signals in the mass".**

4. The choice of the surgical approach: 1. Please provide the surgical approach for the cases with 'adhered to the optic nerve, compressed the lacrimal sac, spread to the brain, nasal cavity, and eyelids' in a more elaborative manner. 2. Please provide explanation regarding the reason for incomplete removal in 2 patients. 3. Please

provide further details of the cases with recurrence. 4. Please provide details of post-operative complications if any, especially with the complex cases.

Response: On behalf of the other authors and myself, I would like to express my gratitude for the efforts and time spent reviewing our submission. The Reviewer offers excellent points and valuable suggestions to improve the manuscript. Please find the responses in **RED** font under each of the comments made by the reviewer below, which can also be found in the revised manuscript:

The lesions: (i) adhered closely to the extraocular muscles (n=7, 53.8%); (ii) adhered to the optic nerve (n=3, 23.1%), while 1 patient was the recurrent case; (iii) compressed the lacrimal sac (n=2, 15.4%); (iv) spread to the brain, nasal cavity, and eyelids (n=1, 7.7%) and this patient was the recurrent case, respectively.

12 (92.3%) patients had abundant branching blood flow signals in the mass, while 1 (7.7%) patient was the recurrent cases; 1 (7.7%) recurrent patients had small flaky blood flow signals in the mass (Figure 1).

All patients were managed by surgery. The choice of the surgical approach was determined by the location, size, and relationship to surrounding tissue. As such, 2 (15.4%) patients underwent lateral orbitotomy, while 2 (15.4%) patients the lesion adhered to the optic nerve; 2 (15.4%) patients underwent lateral orbitotomy-medial conjunctival procedure, while 1 (7.7%) patients the lesion adhered to the optic nerve, and 1 (7.7%) patients the lesion spread to the brain, nasal cavity, eyelids; 9 (69.2%) patients underwent anterior orbitotomy. In addition, 9 (69.2%) patients were managed as follows: 3 (23.1%) via transcutaneous superomedial routes; 1 (7.7%) via transcutaneous superolateral routes; 3 (23.1%) via frontoethmoidal medial orbitotomy, while 2 (15.4%) patients the lesion compressed the lacrimal sac; 1 (7.7%) by transcaruncular medial orbitotomy; 1 (7.7%) by transconjunctival orbitotomy. Eleven (86.4%) patients had the lesions completely removed. However, one recurrent patient the lesion adhered to the optic nerve underwent a majority resection, whereas another recurrent patient the lesion spread to the brain, nasal cavity, eyelids, underwent mass resection combined with orbital exenteration.

Post-operative complications

Post-operative complications were found in 4 (30.8%) patients. 2 (15.4%) patients presented with impaired control of eye movement. 1 (7.7%) patient had impaired visual function. 1 (7.7%) patient presented with severe ocular malformation.

5. Histopathological and immunohistochemical examination: 1. Apart from positive IHC markers, negativity for certain IHC makers (i.e. SMA, S-100) are also important to confirm the histopathological diagnosis. Please provide details regarding the same.

Response: Please find the responses in **RED** font under each of the comments made by the reviewer below, which can also be found in the revised manuscript:

The lesions showed S-100 negativity in 13 patients. The lesions showed SMA negativity in 11 patients.

6. Discussion: Please modify and rewrite the discussion part in a more concise manner.

Response: Had already written this part once more time.

7. Conclusion: 1. Though radiological features are variable, few features are more consistent. Please highlight those features. 2. Please modify the sentence regarding surgical excision and recurrence and management of the recurrence. Please give a clearer insight. 3. Please highlight the key positive and negative IHC markers.

Response: In order to keep the expression more explicit, we had done corresponding modifications.

Most lesions occur outside the muscular cone and are localized at the superomedial quadrant and inferomedial quadrant of the orbit. The radiological features are variable, few features are more consistent. The mean CT values of the tumors on CT scans are variable. Contrast-enhanced image performance showed most part of the tumors were significant enhancement, whereas there were patchy slight enhancement lesions in those tumors. Complete gross resection or more aggressive wide excision are preferred in most cases. Inappropriate surgical approaches may result in

incomplete removal of the tumor, causing recurrence. In patients with an unclear boundary of lesions, incomplete or no capsule, non-contact excision and thorough rinsing of the operation area after extensive excision may reduce the recurrence rate of the lesion. Delineating SFT from histologic mimics requires nuclear staining of STAT6 as a diagnostic adjunct in conjunction with CD34 positivity.

8. Figures: 1. Please provide few patient images (both pre and post-operative). 2. Please describe the CT features in Figure 2. 3. In Figure 3D, please provide the details of imaging, i.e. MR T1WI with CE.

Response: Corresponding modifications have been made to make the expression more explicit.

9. Other Comments: 1. The authors did not mention about the reason for DOV, relevant anterior and posterior segment examination findings, relevant investigations as appropriate for diplopia, DOV etc., which are indispensable in management of these cases. 2. Please avoid using complete terminologies repeatedly throughout the article, rather use the complete terminology for the very first time with the abbreviation mentioned alongside and only use the abbreviation subsequently, i.e. IHC, HPE etc. 3. The authors need to use more scientific terminologies as appropriate throughout the article. 4. Grammatical and sentence construction errors needs to be rectified appropriately throughout the article.

Response: On behalf of the other authors and myself, I would like to thank you for your efforts and time in reviewing our submission. The Reviewer makes excellent points and offer valuable suggestions to improve the manuscript.

#### **Responses to the comments of the Reviewer #2:**

- The critique and argument, which were too limited or not clarified thoroughly enough;
- The introduction is not strong and positive

The introduction is not strong and positive. The study need more explanation for rationalization. Also, Please,

clearly state that what your study add to current literature. Please more explain recruitment procedure. Please, explain eligibility criteria. Data Analysis is ambiguous. Please use table to concise the results.. Discussion There are similar aspects that need to be addressed as in the Introduction. Limitations must be acknowledged. Future studies and practical implication need more attention.

Response: We are honored to have the chance to get your valuable advice, I had revised all of them accordingly in the text.

**Responses to the comments of the *Company editor-in-chief*:**

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further

improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: I had revised all the details based on your requirements, and waiting for your further remarks or confirmation.