

Dear Jin-Lei Wang and reviewers:

Thank you for your letter and the reviewers' comments on our manuscript entitled "Giant struma ovarii with pseudo-Meigs' syndrome and raised cancer antigen-125 levels: A case report" (ID: 78528). Those comments are very helpful for revising and improving our paper, as well as the important guiding significance to other research. We have studied the comments carefully and made corrections which we hope meet with approval. The main corrections are in the manuscript and the responds to the reviewers' comments are as follows (the replies are highlighted in blue ).

Replies to the reviewers' comments:

Reviewer #1:

1. The manuscript requires a great deal of language polishing.

**Response:** Thanks for your kind reminders. We have sent our revised manuscript to a professional English language editing company to perform further language polishing.

2. Please provide a detailed breakdown of the investigations ordered and a detailed description of the lab results. Also provide a detailed breakdown of cytological examination results.

**Response:** Thanks for your kind reminders. We have added a more detailed interpretation regarding lab results and cytological examination. More detailed analysis was added on page 5-6.

3. If possible a table with relevant lab values would do good.

**Response:** Thanks for your kind reminders. We have added relevant lab values on page 5.

4. If possible add a diagram depicting changes in relevant labs which reduced post surgery such as CA 125 and other indicators?

**Response:** Thanks for your kind reminders. we have added relevant lab values such as CA 125 level after surgery on page 7.

5. You mention that after surgery all tumor markers and indicators returned back to normal. Can you please mention the timeframe it took post surgery for these values to return back to normal? or was it after a year at follow up.

**Response:** Thanks for your kind reminders. The patient recovered uneventfully and pleural effusion disappeared 5 days after surgery. Besides, CA 125 returned to normal range level (27.26 U/mL) 1 month after surgery.

6. You mention that 14 similar cases have been reported in literature. Maybe provide a few lines describing similarities in your case to the ones previously reported. This may help set a baseline consistency in terms of a clinical presentation and clinical approach.

**Response:** Thanks for your kind reminders. We have provided a few lines describing similarities in our case to the ones previously reported on page 7.

Reviewer #2:

1. Background: please rephrase: "which completely relieved spontaneously" as such: "which completely resolved spontaneously".

**Response:** Thanks for your kind reminders. We have revised the sentence.

2. Case Presentation: please rephrase: "Intraoperative examination of all abdominal and pelvic organs did not see any additional lesions" as such: "Intraoperative examination of all abdominal and pelvic organs did not show any additional lesions".

**Response:** Thanks for your kind reminders. We have revised the sentence.

3. Discussion: please rephrase: “and it is often usually asymptomatic” us such: “and it is usually asymptomatic”.

**Response:** Thanks for your kind reminders. We have revised the sentence.

4. Discussion: please rephrase: “To date, no uniform standard has been made” us such: “To date, no uniform standard exists”.

**Response:** Thanks for your kind reminders. We have revised the sentence.

5. Discussion: please rephrase: “For patients with fertility requirements, the main strategy was tumor removal” us such: “For patients with fertility requirements, the main strategy is tumor removal”.

**Response:** Thanks for your kind reminders. We have revised the sentence.

6. Please explain why you operatively preserved the right ovary. Was that because of the young age of your patient in order to avoid postoperative hormonal substitution?

**Response:** Thanks for your kind reminders. The patient underwent right salpingo-oophorectomy and resection of the left ovarian mass. Firstly, a benign teratoma with the size of 3 cm × 2 cm × 0.1 cm was originated from the left ovary. Secondly, as you mentioned, our patient is only 37 years old. In order to avoid unnecessary extended surgery and improve the patient's quality of life, we finally decided to preserve the left ovary and only resect the left ovarian mass.

7. Please become more specific: Did you remove the left ovarian mass with left adnexectomy or did you preserve the left adnex?

**Response:** Thanks for your kind reminders. The patient underwent right salpingo-oophorectomy and resection of the left ovarian mass, which means we only removed the left ovarian mass and preserved the left adnex.

Once again, thank you very much for your constructive comments and suggestions which would help us both in English and in depth to improve the quality of the paper.

Kind regards,

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