

		Answer
1	The authors should revise/reformulated the name of the tumor/lesions they detected, endometriosis is considered to transform to adenocarcinoma (and not squamous cell carcinoma).	well-differentiated SCC arising from squamous metaplasia of ectopic endometrial glands in the uterus and ovaries.
2	As far as understood, the squamous cell carcinoma was considered to develop from squamous metaplasia occurring in endometriosis? The histogenesis hypotheses should be presented in detail.	In most cases, we acknowledged that ovarian tumors arise from a cystic teratoma or less frequently from Brenner tumor or endometriosis. The most common ovarian cancers arising from endometriosis are endometrioid and clear cell carcinoma, malignant mixed mullerian tumors, and endometrial stromal sarcoma. When endometriosis undergoes squamous metaplasia and malignant transformation, ovarian squamous cell carcinoma (SCC) develops, which is only occasionally reported <sup>[4]</sup> .
3	The authors could add data on the microscopy diagnosis of lesions detected on the cervical conization specimen. Was this specimen evaluated entirely on microscopy?	It is too long to trace the inspection results at that time; Normal squamous epithelial and cervical glands were observed in cervical tissues;
4	Can the authors rule out evolution of cervical squamous lesions (residual/microscopy lesions persistent in the unresected uterus)?	1 、 Our patient had undergone cervical conization in 2000, and no abnormalities were found following HPV and TCT examinations in November 2022; 2 、 There was no abnormal squamous epithelium in the cervix under the microscope; thus, the possibility of cervical origin was ruled out; 3、 The glandular structure of the myometrium and ovarian stromal heterotopic tissue was normal; the columnar epithelium of some ectopic glands' was continuous with tumor cells.

5	The normal ranges for CA125 and CA199 could be noted as well as the detected levels.	<p>1、Serum analysis showed elevated levels of CA125 (114.5 U/mL), CA199 (&gt; 700 U/mL), and human epididymis protein (HE)4 (121 mol/L).</p> <p>2、The serum levels of CA125 and CA199 postoperatively were significantly lower than before surgery and remained normal.</p>
6	The authors could add data on the percentages of endometriosis, squamous cell carcinoma (and if detected, adenocarcinoma) in the different tumors (uterine, ovarian, fallopian tube) as well as the size of each tumor. Did the tumors show necrosis? vascular emboli?	<p>1、about 55% of ectopic glands that occur in the uterine myometrium undergo transformation to squamous metaplasia, and about 45% of squamous glands undergo malignant transformation;</p> <p>2、The proportion of squamous metaplasia in the left ovary is ~50%, and the proportion of squamous cell carcinoma is ~50%;</p> <p>3、The ratio of malignant transformation of ectopic glands in the right ovary is ~90%;</p> <p>4、The left fallopian tube only shows ectopic glandular squamous metaplasia, while the right fallopian tube only shows inflammation.</p>
7	Data on hormone receptor expression (estrogen and progesterone) could be of interest.	ER completely delineated the ectopic glands; PR was negative;
8	is a common disease in gynecology	is a common benign gynecological disease
	A CT scan showed that the uterus and adnexa were not clearly displayed	The uterus and adnexa were examined by computed tomography,
	Histological findings of surgical specimens showed	Histological findings of surgical specimens showed
	squamous cell carcinoma arising from endometriosis in both /" can be reformulated "/ squamous cell carcinoma associated to endometriosis"	well-differentiated SCC arising from squamous metaplasia of ectopic endometrial glands in the uterus and ovaries.
	followed up for three months without metastasis	and was followed up for 3mo without metastasis.
	dramatic response	dramatic responses, such as disappearance of metastases and no relapse
	a 57-year-old female suffered	A 57-year-old female patient suffered
	double anexectomy	bilateral adnexectomy.

