Response to Reviewer`

Manuscript titled "Current Trend in the Diagnosis and Management of Malignant Pheochromocytoma - Clinical and Prognostic Factors" is an interesting article. The author selected 50 articles out of total 3474 articles containing information on malignant pheochromocytoma. What are the selection and shortlisting criteria, please elaborate in detail in method section. Materials and method section needs more clarification in each sections. Some useful literature relevant to topic is https://pubmed.ncbi.nlm.nih.gov/30536464/ https://www.wjgnet.com/2644-3228/full/v1/i2/39.htm

Response to Reviewer 1:
The methodology has been revised and a PRISMA diagram chart has been included.

Pheochromocytoma and extra-adrenal paraganglioma have the same histological characteristics, but different origins, different metastasis tendency, and different gene mutations. They are two different tumors and cannot be replaced by pheochromocytoma alone. The title of the article clearly confuses the two tumors. If discussed together, it should be more reasonable to analyze from the perspective of pathology or pathophysiology. 2. Background knowledge needs to be updated. The 2017 edition of WHO's malignant degree code for pheochromocytoma and extra-adrenal paraganglioma has been revised to code 3, which means that both are considered malignant. It is inappropriate to use the background defined by the 2004 edition of the WHO as the premise of the manuscript. If necessary, it should be discussed from the perspective of metastasis or potential of metastasis. 3. The manuscript has nothing to do with artificial intelligence 4. There are spelling flaws in the paper

Response to Reviewer 2:
The manuscript has addressed these queries. Pheochromocytoma is considered malignant when it is extra-adrenal. Based on this premise, both malignant pheochromocytoma and paraganglioma are discussed together in most literature despite the negligible histological differences.
Language and spelling have been edited