

Reviewer #1: 1 Title : The Title reflects the main subject of the manuscript. However, to make the title more remarkable, it can be mentioned in the title that SCC in the small bowel is rare. 2 Abstract. Abstract summarizes and reflects the work described in the manuscript. 3 Key words. Key words reflect the focus of the manuscript. In addition, "abdominal CT scan" can also be added to the key words. 4 Background. Manuscript adequately describes the background, present status and significance of the study. 5 Methods. Manuscript describes methods in adequate detail. 6 Results. The research objectives are achieved by the experiments used in this study. In addition to successfully treating a rare pathologic condition in this study, it has been a publication that made remarkable contributions with new outlook and review of previous understanding to the literature in terms of effective diagnosis and early treatment as radical resection. 7 Discussion. The manuscript interprets the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. The findings and their applicability/relevance to the literature are stated in a clear and definite manner. The discussion accurate and it discusses the paper's scientific significance and/or relevance to clinical practice sufficiently. 8 Illustrations and tables. The figures, diagrams and tables are sufficient, good quality and appropriately illustrative of the paper contents. The places shown by the arrows in figure 3. B are not clearly explained in the corresponding caption. All the other figures are meticulously crafted. 9 Biostatistics. The manuscript meets the requirements of biostatistics. 10 Units. The manuscript meets the requirements of use of SI units. 11 References. The manuscript cites appropriately the latest, important and authoritative references in the introduction and discussion sections. The author does not any self-cite, omit, incorrectly cite and over-cite references. 12 Quality of manuscript organization and presentation. The manuscript is well, concisely and coherently organized and presented. The style, language and grammar are accurate and appropriate. Small intestinal (SI) tumors are very rare compared to other digestive organs. Due to its insidious onset, the diagnosis of this disease is usually delayed. Clinicians must pay close attention to digestive symptoms such as persistent abdominal pain and melena. In this manuscript, this case report refers to a 69-year-old man developed abdominal pain. After admission, an abdominal CT scan revealed perforation of the alimentary canal and multiple abnormal low-density lesions in his liver. The pathological and imaging results were squamous cell carcinoma with multiple liver metastases. This case presentation is appropriate for publication by WJG, because of journal's interests in gastrointestinal surgery and its relevant topic with new outlook and review of previous understanding. The limitations of this study are that although it is a rare case, it does not include a new hypothesis as a method and treatment. And also, it is not a case series consisting of more than one case. Further clinical studies and reports of similar cases are required to improve our knowledge of squamous cell carcinoma (SCC) in the small intestine.

Response: Your rigorous academic attitude and meticulous work are reflected in all aspects of your work, which is very worth learning. We have made corresponding changes according to your comments 1,3 and 8. The incidence of small bowel squamous cell carcinoma is extremely low, and the number of cases is rare. There are currently no specific diagnosis and treatment guidelines for small bowel squamous cell carcinoma. As small intestinal squamous tumors are rare, more extensive cases and studies are necessary to achieve a well-designed clinical research.

Reviewer #2: What about the lymph node spread of the tumor? Or there was No lymph node in the specimen.

Response: We are very happy to receive your suggestions and sincerely thanks for your careful guidance. We carefully checked the pathological sections and found no tumor-infiltrating lymph nodes in the corresponding mesentery, and no tumor nodules in the mesenteric adipose tissue. Negative results were not mentioned before. We have added the relevant content in FINAL DIAGNOSIS.

You must give the TNM classification of this squamous cell carcinoma of the small intestine. It is at least T4bNxM1 and then you must add the UICC.

Response: Thanks for your opinion. Unlike gastric and colorectal cancers, there is no TNM staging for small bowel squamous cell carcinoma in the Union International Against Cancer (UICC). This is what we need to overcome in the future.

Despite the death of the patient, what was the therapeutic project for this patient with a worst outcome? Has his file gone through a multidisciplinary consultation meeting in oncology? In my opinion you must add this therapeutic project, and than you can deplore his death after one month of follow-up.

Response: Thank you very much for your comments. There is currently no postoperative adjuvant therapy for small bowel squamous cell carcinoma other than surgical resection worldwide. We recommend chemotherapy (Taxanes and Platinums) combined with immunotherapy referring to the treatment for esophageal and lung squamous cell carcinoma, but no evidence-based medicine. However, the patient's physical conditions was poor.

His family refused further medical treatment due to his poor physical condition and only relieved his pain. We have added this part in the OUTCOME AND FOLLOW-UP and DISCUSSION. Because of rare cases, further clinical reports of similar cases are required to improve our knowledge of squamous cell carcinoma (SCC) in the small intestine.