Response to the reviewers' comments

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Column: Case Report

Title: Synchronous coexistence of liver metastases from cecal leiomyosarcoma and rectal adenocarcinoma: A case report

To reviewer 3262173

Congratulation for successful management of the case.

Thank you for the comment. I appreciate your high graded evaluation.

To reviewer 70509

I think this is a very rare case report demonstrating reportable clinical settings. The authors have already reported this case as a primary hepatic leiomyosarcoma. However, the authors revised the diagnosis as a metastatic leiomyosarcoma from cecum. They mentioned only a sentence of retrospectively review of radiologic and colonoscopic findings. The main problem is that the case is a real metastatic leiomyosarcoma from cecum. Therefore the authors should have explained the hepatic leiomyosarcoma is a metastatic but not a primary. Moreover, figure legends should be added.

Thank you for the comment. The point you mentioned is exactly the important issue of this manuscript. Pathologically, it is difficult to distinguish which site is a primary lesion. So we decided it clinically. Mourra et al. reported a multi-institutional study on metastatic tumors to the colon and rectum. (*Mourra N et al. Metastatic tumors to the colon and rectum. A multi-institutional study. Arch Pathol Lab Med. 2012; 136:1397-1401*) In this article, only 35 cases of 10365 patients with colorectal malignancies (0.338%) were identified as having true metastases to the colon and rectum. Of those 35 metastatic colorectal tumors, leiomyosarcoma was identified in only two cases and both were from soft tissue origin. This means the probability that the primary hepatic leiomyosarcoma metastasize to the cecum is extremely rare. In contrast, hepatic metastasis is reported to occur in 20-60% of patients with visceral or retroperitoneal sarcomas. Besides, all 35 patients had a history of metastatic disease in extragastrointestinal sites and the mean disease free interval was 10.6 years for sarcoma. These clinical characteristics are not compatible with our case. This is the

reason we diagnosed that cecum was the primary site.
I added these comments in discussion of the manuscript and also added this paper as a reference No 11.
I also added figure legends.

To reviewer 3253495

I have no claims to do. Congratulations for the well written paper.

Thank you for the comment. I appreciate your high graded evaluation.

My American native translator looked over the entire manuscript again and changed some phrases to get an "A" grade of language evaluation.