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Response to Reviewer comments

We thank all reviewers for their constructive comments to our manuscript. In light of these helpful comments, we have revised the paper. We outline below our detailed responses to the reviewers. We hope that the new version of the paper and our answers to the reviewers have clarified the confusing points.

Reviewer 1 (03475779): This is an interesting case report. The article adds a few new knowlwdge in the field and can be accepted.

R1-1. The authors could show how they had performed the bibliographic research to exclude other article related on.

Answer) Thank you for your comment. We used PubMed (https://www.ncbi.nlm.nih.gov/pubmed) and Google Scholar (https://scholar.google.co.kr) for the search of related articles. We focused on 'secondary rectal linitis plastica', 'metastatic rectal linitis plastica', 'MR imaging', and 'diffusion-weighted imaging'. There were no articles present at the time of our literature search about secondary rectal linitis plastica from prostate cancer with

MR imaging included.

Reviewer 2 (01207047): This is a well conducted and well written manuscript.

R2-1. It will be better to add microscopic findings of the prostate carcinoma invading the rectum submucosa ans muscularis propria. Is it an acinar type prostatic adenocarcinoma or ductal type or mixed? Please mention about the Gleason scor/ISUP grade of the tumor.

Answer) Thank you for your comment. We've changed the figure to the one that shows metastatic prostate adenocarcinoma invading submucosa and muscularis propria of the rectum. In addition, it was mixed type prostatic adenocarcinoma. Gleason score of biopsy specimen was 9 (4+5), and we've added this sentence in the manuscript.

R2-2. In addition It will be better to perform neuroendocrine markers to immunohistochemical study. Because primary rectal neuroendocrine tumors (Carcinoid) may express PSA and PSAP. So you should exclude the primary rectal carcinoid tumor. And also add another prostate spesific marker NKX3.1 to your panel.

Answer) Thank you for your comment. We've performed NET markers (CD56, synaptophysin, chromogranin, TTF-1) and all of them were negative. In addition, since CDX2 was negative and PSA showed a strong positive, we've confirmed that

it was originated from prostate. Unfortunately, we do not have NKX3.1 in our hospital.

Reviewer 3 (03598061): Thank you for your effort. This case report is well documented and written.