**The Editor,**

***The Baishideng Publishing Group (BPG)***

**Dear Editor:**

**Thank you for providing the opportunity to respond to these valuable comments from the reviewers. All the authors have carefully considered each of the issues raised by the reviewers and have addressed each comment in a point-by-point fashion in the attached letter and the revised manuscript.**

**The revisions or insertions are shown within the manuscript as highlited (red) text in MS Word.**

**Thank you for your kind consideration in advance and we hope that this revised manuscript is suitable for publication in *The Baishideng Publishing Group (BPG).***

**Sincerely yours**

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**Editors' comments and author’s responses (Manuscript NO:** 41204, 41204-edited**)**

**Editors’ reports:**

#1: Title should be less than 12 words

-> **Case Report of clear cell papillary renal cell carcinoma: A case report and review of the literature**

#2: A short running title of less than 6 words should be provided.

-> **Running title: clear cell papillary renal cell carcinoma**

#3: Please offer the postcode! Thank you

-> 410-769, Korea

#4: Please offer signed pdf format.

-> We added signed pdf format.

***Informed consent statement***

***The patient provided written informed consent for the publication of this case report and any accompanying images.***

#5, Please offer signed pdf format.

-> We added signed pdf format.

***Conflict-of-interest statement***

***The authors declare that they have no competing interests or relevant financial relationships with either individuals or organizations.***

#6: About this pdf file, please write it with detail pages.

-> CARE Checklist (2013)

**Title, 1, The words “case report” should be in the title along with the area of -> 1**

**Key Words, 2, 2 to 5 key words that identify areas covered in this case -> 4**

**Abstract, 3a, Introduction—What is unique about this case? What does it add to the medical literature?**

**-> 5**

 **3b, The main symptoms of the patient and the important clinical findings-> 6**

 **3c, The main diagnoses, therapeutics interventions, and outcomes-> 6**

 **3d, Conclusion—What are the main “take-away” lessons from this case? -> 8**

**4, One or two paragraphs summarizing why this case is unique with references -> 8**

**Patient Information,5a, De-identified demographic information and other patient specific information-> 6**

 **5b, Main concerns and symptoms of the patient -> 6**

 **5c, Medical, family, and psychosocial history including relevant genetic information (also see timeline) -> 6**

 **5d, Relevant past interventions and their outcomes ->6**

**Clinical Findings, 6, Describe the relevant physical examination (PE) and other significant clinical findings.-> 6**

**Timeline, 7, Important information from the patient’s history organized as a timeline ->6**

**Diagnostic Assessment, 8a, Diagnostic methods (such as PE, laboratory testing, imaging, surveys).->6**

 **8b, Diagnostic challenges (such as access, financial, or cultural -> 6**

**8c, Diagnostic reasoning including other diagnoses considered->6**

 **8d, Prognostic characteristics (such as staging in oncology) where applicable->6**

**Therapeutic Intervention,**

**9a, Types of intervention (such as pharmacologic, surgical, preventive, self-care) -> 6**

**9b, Administration of intervention (such as dosage, strength, duration) -> 6**

**9c, Changes in intervention (with rationale)->6**

**Follow-up and Outcomes**

 **10a, Clinician and patient-assessed outcomes (when appropriate) -> 6**

 **10b, Important follow-up diagnostic and other test results->6**

 **10c, Intervention adherence and tolerability (How was this assessed?) ->6**

 **10d, Adverse and unanticipated events ->6**

**Discussion**

 **11a, Discussion of the strengths and limitations in your approach to this case -> 7-8**

 **11b, Discussion of the relevant medical literature ->7-8**

 **11c, The rationale for conclusions (including assessment of possible causes) ->7-8**

 **11d, The primary “take-away” lessons of this case report ->8**

**Patient Perspective, 12, When appropriate the patient should share their perspective on the treatments they received**

**Informed Consent, 13, Did the patient give informed consent? Please provide if requested -> Yes.**

#7: Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers’ interest for reading the full version of your article and increasing the impact of your article in your field of study.

-> **CORE TIP**

Clear cell papillary renal cell carcinoma (ccpRCC) was recently established as a distinct type of epithelial neoplasm. Here, we report a case of partial nephrectomy for a ccpRCC detected during the routine follow-up a previously treated liposarcoma in a 70-year-old male patient. The patient received partial nephrectomy, the renal mass was pathologically diagnosed as ccpRCC, and immunohistochemistry revealed carbonic anhydrase 9 (CA9) expression. No recurrences or metastases were detected on follow-up imaging for 6 months. This is the first report of partial nephrectomy for incidentally discovered CA9-positive ccpRCC.

#8: Please offer the audio core tip, the requriment are as follows:

In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

**Acceptable file formats:** .mp3, .wav, or .aiff

**Maximum file size:** 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

-> We added the audio core tip

#9: The reference numbers should be superscripted in square brackets at the end of the sentence.

-> We corrected as your recommendation.

#10: Please write the comments.

***Writing requirements for each subsection***

**(1)** **Case characteristics**

Please summarize main symptoms in one sentence.

**(2) Clinical diagnosis**

Please summarize main clinical findings in one sentence.

**(3)** **Differential diagnosis**

Please summarize thoughts and methods for differential diagnosis in one sentence.

**(4) Laboratory diagnosis**

Please summarize laboratory testing methods and major findings in one sentence.

**(5) Imaging diagnosis**

Please summarize imaging methods and major findings in one sentence.

**(6) Pathological diagnosis**

Please summarize pathological methods and major findings in one sentence.

**(7) Treatment**

Please summarize treatments and drugs used in one sentence.

**(8) Related reports**

Please provide other contents related to the case report to help readers better understand the present case.

**(9) Term explanation**

Please explain uncommon terms present in the case report.

**(10) Experiences and lessons**

Please summarize experiences and lessons learnt from the case in one sentence.

-> **ARTICLE HIGHLIGHTS**

**(1) Case characteristics**

The patient was referred to the urology department for a right-sided renal mass (size: 2 cm) detected during routine annual imaging follow-up for a malignant right inguinal fibrous histocytoma and liposarcoma that had been diagnosed 6 and 4 years earlier, respectively.

**(2) Clinical diagnosis**

A routine computed tomography (CT) scan detected a right-sided enhancing mid-pole renal mass measuring 2.3.

**(3) Differential diagnosis**

Immunohistochemistry revealed carbonic anhydrase 9 (CA9) expression could be helpful for diffential diagnosis.

**(4) Laboratory diagnosis**

There were no notable results in the laboratory test.

**(5) Imaging diagnosis**

A routine computed tomography (CT) scan detected a right-sided enhancing mid-pole renal mass measuring 2.3 cm

 **(6) Pathological diagnosis**

pathology revealed a tumor measuring 1.7 cm x 1.4 cm x 1.0 cm with a capsule abutting, leading to a diagnosis of a grade 2 ccpRCC without necrosis and a final pathologic stage of T1aNxM0

**(7) Treatment**

The patient underwent open right-sided partial nephrectomy

**(8) Related reports**

**No available.**

**(9) Term explanation**

**No available.**

 **(10) Experiences and lessons**

Patients who have previously been treated with tumor need careful follow-up.

#11: Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Pleased provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation.

Such as: 1 **Nayak S**, Rath S, Kar BR. Mucous membrane graft for cicatricial ectropion in lamellar ichthyosis: an approach revisited. *Ophthal Plast Reconstr Surg* 2011: e155-e156 [PMID: 21346670 DOI: 10.1097/IOP.0b013e3182082f4e]

-> We corrected as your recommendation, Thank you.