

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 (yellow) 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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Reviewers' comments and author's responses (Manuscript NO: 41204)

Reviewer reports:

Reviewer 1:

Reviewer #1: It is a well-presented and interesting case report. Please address this minor concern in the discussion section before publication. 1) What's the relationship between the ccpRCC with previous tumor or previous treatments? Is there any relevant references/reports?

Response: Thank you for pointing out an important part. We have added sentences in the discussion sections as follow.

Revision (page 8, line 181-186): “ccpRCC may occur in normal kidney, non-cystic end stage renal disease and acquired cystic disease [3, 11, 16, 17]. Two cases of ccpRCC occurred within 10 years of hemodialysis [18].

Some cases have been associated with von Hippel-Lindau disease [19]. The association with other renal cancers such as papillary RCC, clear cell RCC, chromophobe RCC, multilocular cystic RCC, acquired cystic disease-associated RCC and renal oncocytoma have also been reported [11, 16, 20].”

Reviewer 2:

Reviewer #2: The case report is well presented and is of interest for the specialty. I have few comments for the authors:

1) Figure 2B. Please indicate with different type of arrows the papillary, cystic and tubular patterns.

Response: Thank you for the valuable suggestion. We have added pointer as follows (*:papillary, **: cystic and tubular)

2) is there any relationship between ccpRCC with previous or simultaneous tumors that may be present in the patient?

Response: Thank you for pointing out an important part. We have added sentences in the discussion sections as follow.

Revision (page 8, line 181-186): “ccpRCC may occur in normal kidney, non-cystic end stage renal disease and acquired cystic disease [3, 11, 16, 17]. Two cases of ccpRCC occurred within 10 years of hemodialysis [18].

Some cases have been associated with von Hippel-Lindau disease [19]. The association with other renal cancers such as papillary RCC, clear cell RCC, chromophobe RCC, multilocular cystic RCC, acquired cystic disease-associated RCC and renal oncocytoma have also been reported [11, 16, 20].”

3) Please, discuss or mention briefly what are the treatment options for ccpRCC.

Response: Thank you for the valuable suggestion. We have added sentences in the discussion sections as follow.

Revision (page 9, line 187-189): “Total or partial nephrectomy is generally performed when surgical resection is feasible and the tumor is solitary [1]. Because these tumors are generally indolent, active surveillance with strict follow-up may be possible in selective cases.”

Reviewer 3:

Reviewer #3: This is an interesting case study and is well presented. However, the following comments should be addressed.

1. Proper word spacing throughout the manuscript.

Response: Thank you for the valuable suggestion.

Revision (page 7, line 140): “renal angio adenomatous tumor” Please let me know if there are more parts to edit.

2. Page 3; write VHL in full at first use and abbreviate in a bracket and use abbreviation subsequently, but not the reverse as done in pages 3 and 5.

Response: We sincerely thank you for your thoughtful comment.

Revision (page 5, line 114 and page 7, line 146): “von Hippel–Lindau (VHL)tumor suppressor gene.” And “von Hippel–Lindau (VHL) syndrome”

3. Page 3, “A 70” should be written in words.

Response: Thank you for your thoughtful review.

Revision (Page 5, line 122): “A seventy-year-old man”