

Answer for PEER-REVIEW REPORT 1

Title: Thoracoscopic resection of huge esophageal dedifferentiated liposarcoma

Reviewer's code: 03725004

Response to reviewer's comments:

The article is very interesting. It underlines the important to know this rare disease. Authors analyses very well and synthetic the rarity of this case and they report it as the first known case totally treated with a thoracoscopic resection. Moreover this treatment it was performed for emergency due to patient's growing dyspnea. Imagines are very interesting. The description of the case and their critical analysis are very interesting. Authors underline that difficulty to achieve a safe clear margin, as known this type of surgery request an aggressive surgery with esophagectomy to achive safe clear margins on the histopatologic exams. Correctly they had proposed to patient the esophagectomy but patient refused, so they have proceded whit a strict follow-up. Therefore, this case is very interesting especially for the new approach, maybe it can be take into account in small well differentiated liposarcoma or peduncolated ones, but i think that is important to underline that this treatment should not be considered as the gold standard. I think it can be accepted.

ANSWER: Thank you for your approval.

Answer for PEER-REVIEW REPORT 2

Reviewer's code: 00066723

This manuscript concerns a case-report and relates of the successful thoracoscopic resection of a dedifferentiated liposarcoma in the esophagus. The data are presented in a straightforward way. Major comments:

1. In the core tip and on page 5, line 2, it is stated that dedifferentiated liposarcomas are a low-malignancy tumor. This is not the case, the authors may be confusing the more benign well-differentiated liposarcoma (as it generally does not metastasize) with the dedifferentiated liposarcoma that has a propensity to metastasize. Please carefully check.

ANSWER:Revise: Delete" DDL is a low-malignancy tumor, and minimally invasive treatment can improve postoperative quality of life."

2. Page 4, start of the discussion section - When considering the prevalence of the different liposarcoma subtypes it is stated that dedifferentiated liposarcoma is the rarest subtype, this is not correct as the pleomorphic liposarcoma is considered the rarest subtype. Please check.

ANSWER:Revise: change "WDL, pleomorphic liposarcoma, myxoid/round cell liposarcoma, and DDL; the latter is the rarest type with a prevalence of 0~6% of liposarcomas."to"WDL, pleomorphic liposarcoma, myxoid/round cell liposarcoma, and DDL; the latter is a rare type with a prevalence of 0~6% of liposarcomas."

3. Minor comments:

1. Page 3, line 1 - The header is misspelled, it now reads: Case prsentation but should be "Case Presentation".

ANSWER: It was revised

2. Page 3, line 9 - The text reads 21.5 x 15.13 mm but the figure legend mentions 21.5 x 15.9 mm. Please check and correct.

ANSWER: It was revised: changed" 21.5 x 15.13"to ".5 x 15.9".

3. Page 3, line 23 - Sentence is not clear "We gave up confirm complete resection..." Please rephrase.

ANSWER: It was revised: changed" we gave up confirm complete resection by biopsy pathology" to "Because of the above reasons we gave up confirm complete



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resection by biopsy pathology”.

4. Reference 1, give a more complete reference.

ANSWER: revised: deleted the reference.

5. Page 5, line 22- This sentence should read: "We could not completely resect...."

Please correct.

ANSWER: It was revised.

Answer for PEER-REVIEW REPORT 3

Title: Thoracoscopic resection of huge esophageal dedifferentiated liposarcoma

Reviewer's code: 01560504

The authors have reported a rare case of esophageal liposarcoma. From the point of view of oncology, there are many unanswered questions?

1. Why the preoperative biopsy of the large mediastinal lesion was not done? It is evident from the preoperative imaging that a complete resection was not anticipated. Had the authors undertaken a preoperative biopsy and diagnosed dedifferentiated liposarcoma, a preoperative systemic chemotherapy would have been given with two aims - (1) to control systemic micrometastasis and (2) down stage the disease with a possibility of complete resection.

ANSWER: The surgery was an emergency surgery because the patient got severe respiratory insufficiency before and in the surgery. We could not determine if the mass was of esophageal origin through esophagogastroscope before surgery, and the esophageal mucosa was normal. So we did not undertake a preoperative biopsy. The primary purpose of operation was to relieve respiratory tract compression.

2. Was this case discussed in a multidisciplinary tumor board prior to surgery?

ANSWER: As we saw in the manuscript, the surgery was performed for emergency due to patient's growing dyspnea. It was very difficult to get preoperative diagnosis because the mass was huge, isolated and smooth.

3. Considering the presence of high grade tumor and incomplete resection, what was the adjuvant treatment given?

ANSWER: We took an MDT (Multi-Disciplinary Treatment) with oncologist, otolaryngologist and digestive physician after surgery and recommended the patient accepted extended resection of the pedicle of tumor with cervical incision. But the



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patient refused another surgery or other adjuvant treatment.