Reviewer's code: 00041957

1.How was really radical the operation?

We think the operation is radical. Firstly, we did not find any metastases in the abdominal cavity according to operation record. Secondly, Imaging examination before surgery also did not find distant metastasis. Thirdly, we found this lesion was located on the upper tumor and this tumor was clearly separated from surrounding tissues according to operation record.

2.The surgeons did a total mesorectal excision?

We did a total mesorectal excision. According to pathological results after surgery, the tumor is 3cm from the distal margin and the distance to the tumor from the far margin of the mesentery is 6cm. At the same time, the excised mesorectum is intact.

3.Why Hartmann procedure instead of low anterior resection was performed?

The age of the patient is 77 years old and the patient's history included hypertension for over 10 years, early-stage hypertensive nephropathy and atrial fibrillation for two years. Once the patient has an anastomotic leakage after surgery, the patient's prognosis may be poor. At the same time, we did not choose low anterior resection and temporary ileostomy, because the patient may need to undergo operation again to close ileostomy.

4. Which margins were examined: the distal margin or also the lateral margins of the specimen?

Margins included the lateral margin, the distal margin and radial margin.

5. A final clarification: the carcinoma was defined according to the TNM classification as pT4N2M0.

The lesion infiltrated the visceral peritoneum and peri-intestinal adipose tissue, which did not infiltrate surrounding organs. Tumor metastases were observed in the peri-intestinal lymph nodes (6/9), so the TNM classification is pT4aN2aM0 IIIC according to 8th edition of American Joint Committee on Cancer (AJCC).

Reviewer's code: 02445477

1."The optimal treatment for rectal small-cell neuroendocrine carcinoma remains a topic of debate." what does this convey?

There is a certain controversy about whether to choose surgery for localized rectal small cell carcinoma. In this case report, surgery did not prolong this patient's survives time

2. **It should be passage of blood with stools not blood in stools.**

I think you are right. Thanks for your help!

3. What does this convey? "Pathological analysis confirmed the operation was successful"

According to pathological analysis, we did total mesorectal excision (TME) and R0 resection was achieved. However, this patient had tumor recurrence only one month after surgery

4. **Introduction is unintroductory,needs what is rectal small cell nueroendocrine tomour, its presentation , incidence and management.**

Thanks for your suggestions, I have revised this introduction in my manuscript.

5. **"However, surgery is still considered the main treatment for localized RSCC tumors[2]. We found that surgery did not bring a survival benefit to the patient reported here."PLEASE RETHINK OVER THIS STATEMENT**

Thanks for your suggestion, I have rethought over this statement and made some revise in my manuscript.

6.Did you have per rectal digital examination?

Yes, I did. The digital rectal examination did not include the tumor located in the upper rectum.

7. What is the colonoscopy biopsy?

Colonoscopy with biopsy is to take a small amount of diseased tissue through colonoscopy to make a preliminary diagnosis of the disease.

8. Which immunohistochemical markers were used?

Immunohistochemical markers from endoscopic biopsies specimen included LCA (-), CK(±), EMA(-), TIF(-), Syn(-), CgA(-), CD56(+), Ki-67 70%(+),CKL(-), CKH(-), CD68(-), TIA(-),GRB(-), CD3(-), CD5(-), CD7(-), CD2(-), CD20(-), CD79a(-), PAX-5 (+), S100(-), SOX(-), MelanA(-), MUM-1(-), CD138(+), HMB45(-), Myogenin (-), ERG(-), CD31(+), CD34(-).

Immunohistochemical markers from excised tumor specimen included CK(±), CKH(±), CKL(±), EMA(+), CD56(+), NSE(+), CD2(-), CD3(-), CD5(-),CD7(-),CD20(-),PAX5(-),LCA(-),CD38(-),CD138(-),GRB(-),TIA(-),CD30(-), ALK(-),CD68(-),CD163(-),MPO(-),TDT(-),PLAP(-),SALL4(-),OCT4(-),Dog-1(-), CD117(-), CD34(-),CD4(±),CD123(-),HMB45(-), MelanA(-),S100(-),TFE-3(-),TLE-1(±),Vim(+), Desmin (-),CD99(-),INI-1(-),NUT(-), Ki-67 80%(+).

9. Was surgery done in elective or emergency list?

Surgery was done in elective.

10. Why Hartmann's procedure was done?

The age of the patient is 77 years old and the patient's history included

hypertension for over 10 years, early-stage hypertensive nephropathy and atrial fibrillation for two years. Once the patient has an anastomotic leakage after surgery, the patient's prognosis may be poor. At the same time, we did not choose low anterior resection and temporary ileostomy, because the patient may need to undergo operation again to close ileostomy.

11. Was there any preoperative radiotherapy given?

There was not any preoperative radiotherapy for this patient. We did not recommend this patient to have radiotherapy prior to radical surgery, because the tumor located in the upper rectum.