

I'm here to reply to a few of the reviewers' questions:

Reviewer 00159305: The paper is an interesting report, well written, concise, and it is presented in a proper form. I suggest to check the English consistency of the manuscript. There are several ortographical errors throughout the manuscript.

**Responds:** By checking the article, we did find several spelling mistakes and made some corrections.

Reviewer 05429607: 1) Outcome and follow up - you wrote that the patient required regular clinical and colonoscopic follow-up. Please clarify how often are you planning to perform colonoscopy? What about gastroscopy? Is there a risk for MALT appearance in the stomach?

**Responds:** (1) The first endoscopy will be performed approximately six months later, followed by a period of six months to one year. (2) Gastroscopy revealed atrophic gastritis and cardia mucosa erosion with irregular microstructure and capillaries on magnifying endoscopy. The biopsy pathology indicated cardia inflammation with mild glandular atypia in the absence of H. pylori. Therefore, there were no endoscopic and pathological findings indicating gastric MALT lymphoma.

Reviewer 03648443: I have read your manuscript about rectal MALT lymphoma and felt it very polite and educational. However, further considerations are required to be adopted. 1) Authors said that enlarged and dilated branch-like vessels was this tumor's characteristic. What is this vessels in pathology? In mucosa or in submucosa? Clarifying this will help endoscopic diagnosis in the future.

**Responds:** (1) We stained the vascular endothelium with CD31 and found that hyperplastic capillaries in mucosa but not obvious branch-like.

2) Authors should show a higher magnification figure(X200-X400).

**Responds:** (2) We also provide pathological images of X200 and X400.

3) Is the tumor infiltrating deeper into the submucosa than the lamina propria? This figure can be understood that the tumor is in the submucosa.

**Responds:** (3) Desmin labeling muscularis mucosa indicated that tumor was located in the mucosa layer and did not break through the muscularis mucosa. The tumor showed expansive growth, which made the muscularis mucosa obviously thinner.

4) Radiation therapy is also said to be effective for MALT lymphoma. Authors should mention on it.

**Responds:** (4) At the same time, in the discussion of treatment, I also further wrote about the effect of radiotherapy on MALT lymphoma.

Thanks to all reviewers for their comments on this article, please let me know if there are any further changes that need to be made, and I will respond again

Reviewer 05374991: General Impression: The authors have reported an interesting case of mucosa-associated lymphoid tissue lymphoma occurring primarily in the rectum. The morphological appearance was similar to the lateral spreading tumors. Malt lymphoma is a rare entity and this specific presentation is even rarer. Thereofre, this manuscript is important in its field and enhances our knowledge about MALT lymphoma of the rectum. The manuscript is well-structured and well-written. The abstract is brief and informative. The background gives a sufficient introduction about the disease. The case is well-presented and the figures are informative. The discussion is thorough and focuses on important aspects of the disease.

**Responds:** There are no specific comments. Thank you!