

Dear Editor in-Chief of World Journal of Gastroenterology,

We submit the revised version of the manuscript entitled “Long durable response under lenalidomide in a patient with hepatic epithelioid hemangioendothelioma (HEH)”

Here we answer point by point by all reviewer suggestions and reported all underlined corrections in the revised manuscript. All corrections are made in the file revised for the english language as suggested by one of the reviewer (the third one in this letter).

Reviewer N° 02663990:

- The reviewer suggested to modify the sentence “The incidence of this rare tumor is < 0.1 per 100,000 people” into “ less than 1 per million people”. We accepted the revision.
- The reviewer suggested us to modified the sentence“ Ultrasonography, computed tomography (CT), and magnetic resonance (MR) are the three most important imaging techniques for diagnosis and treatment follow-up” into “Ultrasound, computed tomography or magnetic resonance imaging can be used to follow..” We accepted the revision.
- The reviewer suggested to modify the sentence “Liver transplantation cannot be excluded in patient with extra hepatic disease, but after surgery, the patient must undergo medical therapy” because it is unclear. We change the sentence in “After surgery, the patient must undergo medical therapy, but in selective case is possible to evaluate liver transplantation also despite an extrahepatic disease.”
- The reviewer noticed that “interesting results” wasn’t clear in the sentence “Recently thalidomide, bevacizumab, sorafenib and also metronomic cyclophosphamide have been used in patients affected with HEH or EH, and interesting results have been obtained”. So we modified this sentence in “Recently thalidomide, bevacizumab, sorafenib and also metronomic cyclophosphamide have been used in patients affected with HEH or EH, and variable response have been obtained”.

- The reviewer suggested to modify the sentence “Moreover, our patient has been treated for 39 months and no side effects or changes in laboratory parameters have been noticed” because in the case report we describe the decrease in AST and ALT early in the treatment course. So we changed it in “Our patient has been treated for 39 months and no side-effects or abnormal laboratory values have been noted.”
- The reviewer asked information on the technical scanning parameters (TR, TE, flip). Of course, we could have these details from the Radiology Department but not immediately or not on time with the dead line of the submission of the revised manuscript. Since the case report is reporting medical oncologist and not radiologist issue, we could ask to the editor the possibility to proceed without these data. In general, we are absolutely convinced that these aspects do not modify/alter the significance of this report.
- The reviewer regarding the ultrasound asked us if we repeated the CEUS at the six month follow up and in this case, to include the images. Unfortunately we repeat the ultrasound without the contrast.
- The reviewer asked us if the psychological distress of the patient could be related to the drug. We didn’t think so, because it developed after a familiar grief. And in fact after the reintroduction of the drug the second time, this distress was less.

Reviewer N° 02730494:

- The reviewer noticed that measuring the well-being of patient with one of questionnaires e.g. QLQ – C30 could ameliorate this study. We agreed at all and we think that the use of this questionnaire is important in a prospective study or a collection future study. Actually it isn’t possible to obtain a retrospective information for this patient.

Reviewer N° 02441746:

- The reviewer suggest to improve the English language. An English-speaking person have checked the file. Below you can find the manuscript file with the all the changes.