

## Author Responses

### Reviewer #1 (05078274):

- Q1: Instead of giving a full case history about the patient which is very elaborate , please try to summarise the important findings under one heading as case presentation which will include everything from the presentation to the management.

- Thanks very much for the suggestion. The format of our manuscript is based on the journal requirements of the CASE REPORT section. According to your suggestion, we have streamlined the CASE PRESENTATION section to highlight the most important findings of the case to the readers.

- Q2: The author has presented this case report to emphasize the imaging finding of this rare tumor in the bladder. I feel the author should add more points in the discussion about the characteristic imaging finding of a bladder tumor and a lymphoma in ultrasound and CT in a table so that the main aim of the article is served.

- Thank you very much for your professional advice. In the revised manuscript, we have added more points in the discussion about the characteristic imaging finding of bladder lymphoma and bladder tumor. A comparison of image findings of the diseases was made in Table 2.

- Q3: Is it a protocol to follow up lymphoma patients by an ultrasound? I feel follow up CECT should be the standard of care. The author should justify this.

- To date, the optimal follow-up imaging modalities for primary bladder MALT lymphoma have not been determined due to the limited case number. In most of the literature, contrast-enhanced CT and positron emission tomography/computed tomography (PET/CT) are used for the follow-up. However, we found therapeutic response of primary bladder MALT lymphoma could be evaluated by tracking the changes in the bladder wall thickness by ultrasound. In our case, after finishing all the chemotherapy cycles, CT will be performed to verified the final therapeutic effect. Relevant statements have been added into the revised manuscript. (L181-191/p5)

- Q4: In figure 1 kindly remove the non magnified pictures. Keep only the magnified pictures.

- Thank you for your reminder. However, the magnification of Figure 1D is the same as the other images in Figure 1. The mass in Figure 1D looked smaller because Figure 1D is a spectral Doppler ultrasound imaging. Such kind of imaging includes both the mass and the spectrum that detected within the mass. To avoid misinterpretation, we have made a statement in the Figure 1 legend. (L302/p8)

- Q5: Some comments.

No	Comments	Responses	Line/Page (In clean vision)
1.	Imaging finding and case report are not appropriate keywords	We have used other keywords instead.	L26/p1
2.	Try to give the entire case presentation under one heading including the salient points only	We have streamlined the CASE PRESENTATION section to highlight the most important findings of the case to the readers.	p2
3.	How reliable is ultrasound for picking up necrotic areas?	The ultrasound imaging of large patches of necrosis is the anechoic area within the lesion. However, micronecrosis could not be picked up by ultrasound. We have revised the manuscript to make the description more accurate.	L79/p2
4.	Continuous enhancement of what was observed	Continuous enhancement of the nodules was observed. We have added the word in the revised manuscript.	L86/p3
5.	Better change to multiple bulging bladder masses were found.	We have made the change.	L91/p3
6.	2 mo is not a formal way of writing. (Two months)	We have made the correction.	L103/p3
7.	The author has to clarify whether its 2 months after the completion of chemotherapy. Normal treatment of lymphoma requires 6 cycles of chemotherapy and in 2 months only 2 cycles will be given and its unbelievable that the large tumor disappeared in two cycles of chemotherapy. Please clarify this	Relevant statements have been added into the revised manuscript.	L106-112/p3
8.	Exonodal? do you mean extranodal	We have made the correction.	L116/p3
9.	Continuous enhancement was observed indicates? (of the bladder wall or the mass)	Continuous enhancement of the mass was observed. We have added this word in the revised manuscript.	L315p8

## **Reviewer #2 (00071178):**

- Q1: it is very difficult to diagnose primary bladder MALToma because it is very rare to consider this in the differential diagnosis. Therefore, it is very important to raise awareness about this issue. Is there any spot information suggested by the authors for this awareness?

- After encountering this case, we reviewed the literature and had made a summary. large mass in the bladder without any signs of peripheral metastatic infiltration should point toward the possibility of the diagnosis of lymphoma. Moreover, the presence of an elevated CA125 levels would increase the diagnostic confidence. Because as reported in the literature, serum CA125 level could also elevate in non-Hodgkin's lymphoma patients, especially those with mediastinal or peritoneal involvement. It had been proven that measurement of serum CA125 is useful for staging, monitoring, and estimating prognosis in non-Hodgkin's lymphoma patients. Relevant statements have been added into the revised manuscript. The spot information for the awareness had been suggested in the revised manuscript. (L131-139/p4)

- Q2: In my opinion, in order to increase the academic value of this study, a short literature summary can be added with the newly published cases. This format will allow the article to receive more citations.

- Thank you very much for your professional advice. We have added a literature review to summarize the imaging findings of reported cases with primary bladder MALT lymphoma in Table 1.

### **Reviewer #3 (00070191):**

- Q1: In the laboratory analysis section, the authors note that the tumor analysis revealed an elevated CA125 level. Therefore, the meaning and importance of this finding should be addressed in the discussion section. In addition, it should be explained to the reader why high levels of CA125 may be present in a patient with MALT lymphoma.

- Thank you for your suggestion. We now have addressed the meaning and importance of an elevated CA125 level in the Discussion section, and have explained why high levels of CA125 may be present in a patient with MALT lymphoma. (L133-139/p4)

- Q2: Why is there no history of chronic inflammation in the presented case?

- Thank you for your question. In our case, although the patient didn't mention the history of chronic inflammation, her laboratory examinations indicated the existence of urinary tract infection, which was compatible with the reported risk factors. We have added the relevant explanation in the revised manuscript. (L123-125/p4)

- Q3: I also believe that reporting the molecular properties of maltomas other than their immunohistochemical profile is essential in informing the reader.

- It is really a good advice! However, the patient's biopsy specimen was too limit, molecular properties of this case were not performed. In the future, we will try our best to perfect interrelated examinations.

## Science editor:

- Q1: The author should clarify on the point that the tumor disappeared in 2 months of chemotherapy which is unbelievable (Normal course of CHOP chemo is 6 cycles given every three weeks).

- I am sorry that the description in the original manuscript was not so clear. Actually, after two-cycles chemotherapy, follow-up ultrasonography showed that the mass had disappeared with localized thickening (13 mm) of the bladder wall. After three-cycles chemotherapy, thickening of the bladder wall was only 4 mm (Data obtained from recent follow-up). To date, the patient remains asymptomatic and she visits our hospital regularly for the completion of the remaining chemotherapy cycles. Relevant statements have been added into the revised manuscript. (L106-113/p3)

- Q2: And the author should be convincing to follow up patients with ultrasound in the present era.

- To date, the optimal follow-up imaging modalities for primary bladder MALT lymphoma have not been determined due to the limited case number. As summarized in Table 1, in most of the reported literature, contrast-enhanced CT and positron emission tomography/computed tomography (PET/CT) are used for the follow-up. However, we also found that therapeutic response of primary bladder MALT lymphoma could be evaluated by tracking the changes in the bladder wall thickness by ultrasound. Relevant statements have been added into the revised manuscript. (L181-191/p5)

### Issues raised:

(1) Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

- The original figure documents have been prepared.

(2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

- We have provided most of the PubMed numbers and DOI citation numbers to the references, but the DOI citation numbers of Ref. 4 and Ref. 24 could not be found. Can you help us? Thank you so much!