

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A case of neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma". Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope to meet with approval. The main corrections in the paper and the responds to the reviewer's comments are as following:

Reviewer 1

Q1: I wonder why such a small tumor caused vomiting and weight loss. How was her posttreatment symptom?

Reply1: The symptoms of neuroendocrine tumors are not typical. Gastrointestinal neuroendocrine tumors often cause abdominal pain, abdominal distention, nausea, vomiting and other symptoms.

Q2: This small tumor included two different histology. Is it a coincidence, or is there some common origin?

Reply2: This tumor is a very rare combined tumor with two tumor characteristics, which originates from both neuroendocrine cells and neural sheath cells

Reviewer 2

Reply: According to the requirements of editors and reviewers, we have revised and polished the article, and provided polishing certificates.

We have tried our best to improve the manuscript and made some changes in it. These changes will not influence the core content of the paper. We would like to express our great appreciation to you for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Chi Zhang

Answering Re-Reviewers

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A case of neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma". Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope to meet with approval. Revised portion are highlighted in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Q1. The authors have revised their manuscript; further changes are required. (1)

Abstract: "neurilemmom" -> neurilemmoma.

Reply: Thanks for your suggestions, I have corrected the errors in the abstract.

Q2. Core Tip: "The world's first clinical case of neuroendocrine tumor of descending duodenum complicated with schwannoma" -> Suggestion: "To the best of our knowledge this is the first publication of a..."

Reply: Thank you for your suggestion, your suggestion helps this article to be revised more reasonably.

Q3. History of present illness: "Due to the lack of doctors with the ability to perform endoscopic tumour resection at the local hospital, the patient came to our hospital and was admitted to the Department of Gastroenterology for further diagnosis and treatment. According to the gastroscope report from the primary hospital, we believed that there was a lump in the descending part of the patient's duodenum. After

admission, we improved the relevant tests, and it is worth noting that" – all this should be omitted.

Reply: Thank you for your suggestion, the unnecessary parts have been omitted as you suggested

Q4: "the descending nipple of the duodenum" - please clarify what is meant here.

Reply: Thanks for your suggestion, I have changed the "the descending nipple of the duodenum" to "the nipple of the descending duodenum".

Q5: The following passages should be deleted, as they do not yield relevant additional information: "History of past illness The patient has a history of infection with tuberculosis 40 years ago. The history of surgical trauma was bronchiectasis in 2015, hysterectomy and minimally invasive hysterectomy in 2020. Personal and family history Parents have a history of hypertension Physical examination Mild tenderness in the abdomen, no rebound pain Laboratory examinations Immunohistochemical results showed that the mass was a rare neuroendocrine tumour with neurilemmoma. Imaging examinations none MULTIDISCIPLINARY EXPERT CONSULTATION none FINAL DIAGNOSIS neuroendocrine tumour of the descending part of the duodenum complicated with schwannoma TREATMENT We removed the tumour by electrocoagulation and sent it for pathological biopsy."

Reply: Thank you for your suggestion, I have omitted unnecessary parts

Q6: Discussion: "At present, there are rare cases of neuroendocrine tumours with schwannoma in the descending part of the duodenum worldwide, and there are no clinical reports." – Suggestion: "Neuroendocrine tumours with schwannoma in the descending part of the duodenum are rare, and there are no clinical reports" (or: "There may be rare cases of neuroendocrine tumours with schwannoma in the descending part of the duodenum worldwide, but there are no clinical reports").

Reply: Thank you for your suggestion. According to your suggestion, I have changed "At present, there are rare cases of neuroendocrine tumours with schwannoma in the descending part of the duodenum worldwide, and there are no clinical reports." to "There may be rare cases of neuroendocrine tumours with schwannoma in the descending part of the duodenum worldwide, but there are no clinical reports"

Q7: Discussion: "Endoscopic ultrasonography can distinguish schwannoma from other subepithelial tumours. However, due to the rare nature of duodenal schwannoma, no typical endoscopic ultrasonographic features have been reported." - This statement is contradictory. Suggestion: Leave out the first part and just write: "Due to the rare nature of duodenal schwannoma, no typical endoscopic ultrasonographic features have been reported."

Reply: Thank you for your suggestion. Your suggestion makes the presentation of this article more smooth. I have revised it according to your suggestion.

Q8: "APCs" - this term should be written out (Argon Plasma Coagulators).

Reply: Thank you for your suggestion. I have added the full name of APCs to the article.

Q9: The "Conclusion" should be improved (or omitted).

Reply: Thank you for your comments. I have omitted the unnecessary parts.

Q10: Figure legend 2d: "incisal margin" -> resection margin (or: incisional margin; "incisal", however, is a term of dentology).

Reply: Thank you for your valuable comments. I have revised the corresponding part in the article

Q11: The reference list also requires revision

Reply: Thank you for your comments. There are some errors in the format of some references. The formats of the fourth and seventh references have been corrected

Q12: Shared first-authorship is not recommended.

Reply: I'm sorry for this. For some reason, we need to share the first author.

Q13: At the beginning and at the end of the section "History of present illness" and of the discussion, this manuscript version shows "+ADw-html+AD4APA-p+AD4-" (and there are further problems with the character code within the text.----2.please download the the file and revise the manuscript based on this version.(73135\_Auto\_Edited-v1)

Reply: Thank you for your advice! I found that there were many code errors in the automatically generated files, and I have corrected them.

We have tried our best to improve the manuscript and made some changes in it. These changes will not influence the core content of the paper. We would like to express our great appreciation to you for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Zhang Chi

