

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Solitary fibrous tumor of the liver: A case report and review of the literature" (Manuscript NO: 74210). We have carefully revised our manuscript based on your suggestions, and the point-by-point responses to each comment are detailed below. The language was revised again by the editing company. We hope this revised manuscript is ready for re-review and publication.

Sincerely,

Jiang-Tao Li

Reviewer #1:

The authors reported a case of Solitary fibrous tumor of the liver. The case was well described, according to the CARE checklist.

Response:

Thank you so much for your careful review and we appreciate your positive evaluation of our work.

Reviewer #2:

1) First, in present case, chronic HBV infection was found. HBV status such as HBsAg, HBV-DNA or presence of NA treatment should be described.

Response:

Thank you for your valuable advice. The patient was positive for HbsAg, HbeAb and HbcAb. HBV-DNA was lower than 30 IU/ml. In addition, antiviral treatment with nucleotide analogue entecavir 0.5 mg/d was administered to inhibit the HBV DNA. We added this content in the section of Laboratory examinations and History of past illness (Page 5, Lines 11-13 and Lines 22-23).

2) Second, authors should evaluate the possibilities of other metastases such as lung.

Response:

Thanks for your comment. Computed tomography (CT) of the chest showed no lung parenchymal abnormality preoperative. Two months after the liver surgery, positron emission tomography-computed tomography (PET-CT) was performed, revealing no local recurrence, pulmonary or bone metastases. We added this content in the section of Imaging examinations and OUTCOME AND FOLLOW-UP (Page 6, Lines 7-8 and Page 7, Lines 8-10).

3)Third, authors should discuss the mechanism of solitary liver metastasis from meningeal SFT with previous references.

Response:

Thank you for your precious comment. Here, we searched the literature and found some possible mechanisms of solitary liver metastasis from meningeal SFT. First, several studies had shown that NAB2-STAT6 gene fusion can evaluate metastasis of SFT. Singh et al. reported NAB2ex6-STAT6ex16 fusion detected in malignant SFT of the liver, and the original brain hemangiopericytoma showed the same fusion. Thus, the enteral nervous system and outside the central nervous system showed the same fusion (NAB2-STAT6 gene fusion), suggesting a metastatic tumor rather than multiple primary tumors (PMID: 34075396). Moreover, Barthelmess et al. showed that NAB2ex6-STAT6ex16/17 fusion is correlated with a more aggressive tumor phenotype and high recurrence in SFTs (PMID: 24513261). Second, pan-TRK expression was associated with the history of recurrence or progression in SFT patients. All cases with fatal outcomes displayed pan-TRK positivity in this study (PMID:34680383). We added this content in the section of DISCUSSION (Page 9, Lines 20-28 and Page 10, Lines 1-2).

We also added and modified references.

29 Singh N, Collingwood R, Eich ML, Robinson A, Varambally S, Al Diffalha S, Harada S. NAB2-STAT6 Gene Fusions to Evaluate Primary/Metastasis of Hemangiopericytoma/Solitary Fibrous Tumors. *Am J Clin Pathol* 2021; 156: 906-912 [PMID: 34075396 DOI: 10.1093/ajcp/aqab045]

30 Barthelmeß S, Geddert H, Boltze C, Moskalev EA, Bieg M, Sirbu H, Brors B, Wiemann S, Hartmann A, Agaimy A, Haller F. Solitary fibrous tumors/hemangiopericytomas with different variants of the NAB2-STAT6 gene fusion are characterized by specific histomorphology and distinct clinicopathological features. *Am J Pathol* 2014; 184: 1209-1218 [PMID: 24513261 DOI: 10.1016/j.ajpath.2013.12.016]

31 Salguero-Aranda C, Martínez-Reguera P, Marcilla D, de Álava E, Díaz-Martín J. Evaluation of NAB2-STAT6 Fusion Variants and Other Molecular Alterations as Prognostic Biomarkers in a Case Series of 83 Solitary Fibrous Tumors. *Cancers (Basel)* 2021; 13 [PMID: 34680383 DOI: 10.3390/cancers13205237]