

Responses to Reviewers

Dear Editorial Office

Thank you very much for your email of March 11, 2022 with which you sent me the referee's report on my paper with the reference number 75818.

According to the referee's report, the following modifications have been made:

To Reviewer 1:

1. The description is correct, but the authors present too much laboratory data that are not informative.

We provide detailed laboratory examination results. At present, it is to prove that the patient has no laboratory examination results before operation, which can indicate the nature of the liver mass. It also proves that it is difficult to prove the preoperative diagnosis of primary hepatic squamous cell carcinoma.

2. It is unclear what kind of CTH after surgery was offered and why?

The results of postoperative pathological examination showed primary hepatic squamous cell carcinoma. We improved the physical examination of the whole body, further improved the CT of the brain, nasopharynx and chest, and rechecked the gastroscopy and enteroscopy. These tests were negative. The related literature suggested systemic chemotherapy after operation, but the patient refused the treatment, so we used immunotherapy.

3. What kind of antibodies in immunotherapy were used?

We used the 200mg 3-week regimen of xindilimab injection (trade name: daboshu, manufacturer: Xinda biopharmaceutical (Suzhou) Co., Ltd.).

4. What it means "poor findings for the esophagus"

This is a clerical error. What we want to express is that the subsequent gastroscopy results showed that the esophagus and stomach were negative.

5. Please explain the set of immunochemistry used

We used Immunohistochemical envision two-step method for further immunohistochemical examination of liver samples. The immunohistochemical study revealed wonderful for cytokeratin (CK)5/6 [mouse anti-human monoclonal antibody, Fuzhou Maixin Biotech. Co., Ltd], P40 [Rabbit anti human monoclonal antibody, Fuzhou Maixin Biotech. Co., Ltd]. The occasional positivity for Ki-67 (90%) [mouse anti-human monoclonal antibody, Fuzhou Maixin Biotech. Co., Ltd].

however negativity for thyroid transcription CD34, Arg-1, CPS1, Syn, Cindicated that it ought to be a major SCC of the liver.

TO Reviewer 2:

1. The authors should describe the histology of hepatic squamous cell carcinoma in the clinical history. The quality of histological figures is poor. Thus, they must be replaced.

Squamous cell carcinoma of the liver is a tumor like lesion. Because the tumor is squamous cell carcinoma, it must have the pathological characteristics of squamous cell carcinoma, such as different sizes of cancer cells, nest like, intercellular bridge, large and deep staining of nucleus, mitotic phase, abundant cytoplasm, dichroism, incomplete keratosis of cancer cells and formation of keratotic beads, and no results of adenoid carcinoma tissue. According to the research results of scholars, immunohistochemistry is often positive for ck10, CK14, CK19 and CEA.

The figures has been replaced according to the relevant requirements of the editorial department

2. The authors should add a figure illustrating the gross features of the hepatic tumor

The picture of the general characteristics of liver tumor is taken by mobile phone, so the imaging quality is relatively poor. Please evaluate whether it can be used.

3. Chest X-ray as well as thoracic CT scan must be performed in order to exclude a pulmonary origin of the hepatic squamous cell carcinoma. Squamous cell carcinoma of the lung is negative for TTF1. Colonoscopy should be performed so as to exclude a colorectal or anal tumor

The results of postoperative pathological examination showed primary hepatic squamous cell carcinoma. We doubt whether it comes from metastatic tumors such as skin, nasopharynx, lung and gastrointestinal tract, so we further improved the relevant examination. We improved the physical examination of the whole body, further improved the CT of the brain, nasopharynx and chest, and rechecked the gastroscopy and enteroscopy. These tests were negative. Limited by hospital conditions, we failed to improve PET-CT examination.

I hope this version of the manuscript will encourage your acceptance for publication.

Great thanks to you and the referee for the time and effort you expend on this paper.

Limin Kang