

## Answer to Reviewer #1

I want to congratulate authors for writing this case report, generally the manuscript is well written and the following comments should be addressed in the next revision

**Response:** Thank you for your kind comments and we have revised our case report according to your suggestions.

1. Ethical approval institute name and number obtained should be provided in the next revision?

**Response:** Thank you for your suggestion. We have provided the information in Acknowledgements.

2. The introduction part is very short; the authors should write at least two other paragraphs.

**Response:** Thank you for your suggestion. We have lengthened the introduction part by additional background information and a summary of our report.

3. In the case presentation section, authors should write a surgical technique and anesthesia drugs, doses, were used during the operation.

**Response:** Thank you for your suggestion. In the manuscript, we added the type of anesthesia in Line 78. The surgery was under general anesthesia, and propofol and remifentanyl were used. These drugs are routinely used for most general anesthesia in our center, so we think it may not add more information for case presentation. There was no anesthesia drug specifically used in this surgery.

4. The informed consent should be provided in English language.

**Response:** Thank you. We have provided an English version of the informed consent (see Supplementary material).

5. Minor revision to language.

**Response:** Thank you. We have polished the language by a professional English editor.

6. The images were well organized, but authors should provide more images related to surgical technique or in operation.

**Response:** Unfortunately, we are unable to provide additional images during operation. To provide more detailed information, we added more details of the surgery as supplement.

7. Authors should write a limitation in one paragraph.

**Response:** Thank you for your suggestion. We have reorganized the limitation part.

8. References are generally good

**Response:** Thank you for your comment.

## Answer to Reviewer #2

Firstly, I would like to congratulate you by the high quality of the submitted paper. The information provided is very interesting to better understand a rare condition. Maybe I would like you to develop more deeply some aspects in your paper. In the following sections, aspects I consider modifiable or revisable of the submitted manuscript will be highlighted.

Related to the TITLE, I think it could be better to change from “comorbid with benign” to “associated with” or any similar expression because finally in the clinical case the lymphadenopathy was not important and considerable as a comorbidity.

**Response: Thank you for your comment. We changed the expression in title as “combined with”.**

In the ABSTRACT, the last sentence “Our experience supports the view that curative resection should be considered the primary treatment for BAFs with malignant transformation, leading to a favorable prognosis” must be modified. Their experience is only a clinical case, maybe considerable as an anecdote. It would be better a spelling like this: “our clinical case and the previously published experience, reinforce that curative resection should be considered the primary treatment for BAFs with malignant transformation, leading to a favourable prognosis”.

**Response: Thank you very much for your suggestion, we modified this sentence as you mentioned, which was more appropriate and precise.**

In the INTRODUCTION section, we can mention: • In the line 34 I suggest adding “benign” before lymphadenopathy.

**Response: Thank you. we have made the change as you suggested.**

Talking about the CASE PRESENTATION:

- Line 41. I suggest “on the initial evaluation...”.
- Line 42: The previously performed cholecystectomy was open or laparoscopic surgery?

**Response: We have made the changes as you suggested.**

• the authors speak about the A and B solutions, but they have not been presented previously. What are their composition?

• In line 45 authors talk about hospitalization. But they have described “Physical examination revealed mild epigastric tenderness that was otherwise unremarkable” and very few symptomatology. Why was the patient admitted in hospital? Couldn't the investigations been done in an outpatient system? Is their usual practice? In other settings if the patient is well and the investigations could be scheduled fast the patients are not admitted to hospital.

**Response: Thank you for pointing this out. In fact, the patient initially presented to our hospital because she found the liver mass by outpatient ultrasonography, and that was subsequently hospitalized for potential surgical treatment. To be more exact, we reorganized the medical history.**

- Line 53: VII and VIII are not hepatic sections but hepatic segments. Sections include some segments, but segments VII and VIII are not included in the same section.

**Response:** Thank you for your comment. We have corrected our expression.

- Line 56-63: imaging studies suggest hepatocellular carcinoma or intrahepatic cholangiocarcinoma. Authors must explain better the reason than conducted them to perform the core needle biopsy that was fundamental to the correct management of the patient. Moreover, they explain later (discussion) that the biopsy could not be done prior to systemic treatment. This could be true for hepatocellular carcinoma; in high-risk patients and with high suspicion in imaging studies this is true. But the patient has not high-risk features and the imaging reports suggested two different options. The biopsy seems to be mandatory in this clinical case. Authors must explain better why they decided to perform it and in the discussion it is hard to defend that it could not be done based on imaging and clinical features.

**Response:** At first, the imaging lead to a diagnosis of malignant liver tumor with extensive lymph node metastasis, but the exact pathological type was still unknown. Therefore, the biopsy was intended to guide the regimen choice of systemic treatment, which was mandatory as well.

- Line 70: I suggest to add:” ... lymph node EXCISIONAL biopsy...”.

**Response:** Thank you. we have made the change as you suggested.

- Lines 73-76: the surgery must be described. Was it open or laparoscopic surgery? If open, what was the surgical incision? Was a wedge resection, atypical resection or a bisegmentectomy? Was a Pringle manoeuvre applied? Surgery duration? Estimated blood lost? In the literature (table 2) the majority of patients received extended surgeries... The same must be applied to mediastinal surgery (time, approach, etc.)

**Response:** It was an open surgery with an incision of shaped reversed “L”. We conducted atypical resection with a margin of at least 1cm. Pringle manoeuvre was applied three times, each for 15 minutes. The mediastinal surgery was a partial lymph node dissection of anterior-inferior mediastinum through the trans-esophageal hiatus approach, which lasted within 30 minutes. In total, the surgery lasted 3.5 hours and estimated blood lost was 200 ml. Due to the pathological characteristics of this tumor, we only performed partial resection that guarantee R0 resection instead of extended surgery. The relevant details were added to the text.

- Line 77: there were any postoperative complications? If affirmative, Which treatments complications needed? And Clavien-Dindo classification. A postoperative stay of 11 days seems to be very long if no complications appeared.

**Response:** The patient underwent mild fever (~38.5 degree) and elevated WBC, CRP in postoperative Day 2-5, which recovered with only antibiotic medications. The complications should be Grade I according to Clavien-Dindo classification.

- Line 89: what is the periodicity of the follow-up CT-scans performed and recommended in the literature? How many years of follow-up are needed?

Response: Generally, 5-year follow-up is needed for liver malignancy. Considering the rarity of this disease, we decided that the patient have follow-up CT scans yearly till 10 years, if possible.

In the DISCUSSION AND CONCLUSION SECTION: • Lines 118-120: the commented before issue about the necessity or not of histologic studies to start systemic treatment, valid for hepatocellular carcinoma but not for cholangiocarcinoma. • Line 135: in their case the biopsy is fundamental to diagnosis and to guide the management.

Response: Thanks again for the suggestions. We have made the relevant changes in the case presentation and discussion parts.

Newly I would like to congratulate authors for their work. Keep working in reporting your rare clinical cases such as this one.]

Response: Thank you again for your kind comments and suggestions that helped us improve our manuscript.