

## **Reviewer#1**

- 1.Thank you for your comments on language improvements. They are already stated in the article.
2. 2 new references have been added to this field.
3. 8 references have been added to this section along with further details from other studies.
4. 4 references have been added to support the use of CT/CEA/MRI for the follow up of the patient after surgery.
5. More details from the actual operation have been given to the “treatment” field. Thank you for these questions. We feel that after this thorough description, our manuscript is much more comprehensive.

## **Reviewer #2**

Thank you for your questions. We chose not only to answer them in this letter, but also to incorporate the answers in our manuscript.

- 1.Why did not you consider it a malignant teratoma?

Teratomas should be differentiated from tail gut cysts. Tail gut cysts are congenital lesions developed from residual posterior remnant of the intestine, which retains its structure and architecture regarding the mature ectodermal, endodermal and mesodermal tissue elements.

- 2.Did you check the appendix and ovaries?

This was not feasible, because the surgical approach was via gluteal muscles. Preoperative CT scan thought, did not show any abnormal findings in these organs.

- 3.Why is it positive for CK7?

The majority of the up to date similar published cases reported positivity of tail gut cyst or adenocarcinoma arising on the cyst to CK7 antibody, even partially.

Embryologically, rectum is the last part of the tail gut and both normal rectal mucosa and rectal adenocarcinomas present CK7 positivity in almost one fifth of the cases.

## **Science Editor**

Thank you for your comments and suggestions, as they were very precise.

Here is our response to these comments and suggestions, as they were listed and numbered.

### 4. More recent literature has been added:

Almeida Costa, N. A., & Rio, G. (2018). Adenocarcinoma within a tailgut cyst. *BMJ case reports*, 2018, bcr2018226107. <https://doi.org/10.1136/bcr-2018-226107>

Demirel, A. H., Cetin, E., & Temiz, A. (2018). Squamous cell carcinoma arising in a sacrococcygeal tailgut cyst. *Anais brasileiros de dermatologia*, 93(5), 733–735. <https://doi.org/10.1590/abd1806-4841.20187618>

Martins, Pedro et al. "Tailgut cyst adenocarcinoma." *Autopsy & case reports* vol. 10,1 e2019115. 13 Dec. 2019, doi:10.4322/acr.2019.115

Baverez M, Thibaudeau E, Libois V, Kerdraon O, Senellart H, Raoul JL. Retrorectal Mucinous Adenocarcinoma Arising from a Tailgut Cyst: A Case Report. *Case Rep Oncol*. 2021 Mar 1;14(1):147-151. doi: 10.1159/000513028. PMID: 33776696; PMCID: PMC7983577

Di Nuzzo, Maria Michela et al. "Promoting Laparoscopic Anterior Approach for a Very Low Presacral Primary Neuroendocrine Tumor Arising in a Tailgut Cyst." *Healthcare (Basel, Switzerland)* vol. 10,5 805. 26 Apr. 2022, doi:10.3390/healthcare10050805

### 1.5 Language polishing

The manuscript has been further reviewed by a colleague whose native language is English.

1.7 We believe that there is no need for citation of previous studies for the methods part of the manuscript, because our paper is a case report.

2. More details about the actual operation has been given in the "treatment" part.

3. The content of the "Background" has been simplified.

4. We chose the part of the CT scan that shows better the mass, that is why they seem not to be at the same position.

5. The legends has been corrected

6. This has been already been answered above.

### **Editor in Chief**

Thank you for your recommendations. Our figures are original and we demonstrated this, by putting copyright information.