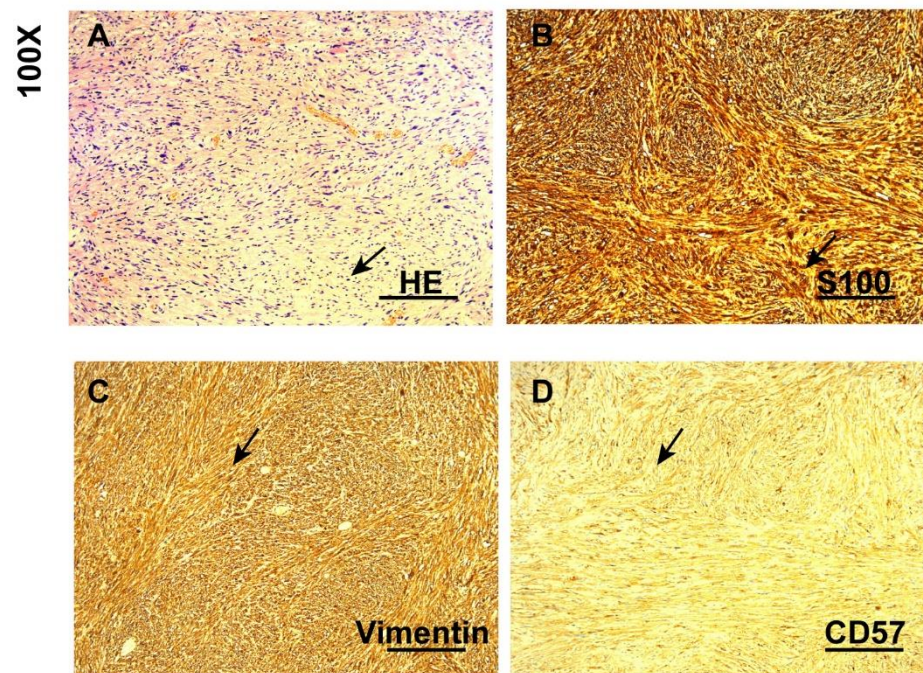


Reviewer #1:

1. Pathological description should be performed on Figure 2 (arrows should indicate typical lesions for HE staining, and colors of target proteins for immunohistochemical staining).

Response: Thanks a lot! We added arrows to indicate typical lesions for HE staining, and colors of target proteins for immunohistochemical staining.



2. Please supplement the recommended frequency of bronchoscopy monitoring and provide the source (guide).

Response: Thank you for your comment! Due to the low incidence rate of the disease, we regret that we have not found the corresponding guidelines. After treatment, the patient underwent bronchoscopy and chest CT follow-up examination. Because the patient had no symptoms, the subsequent follow-up examination was refused.

3. What are the significance of S100, Vimentin and CD57 for the prognosis of primary tracheal schwannoma? Please add.

Response: Thank you for your comment! S100, vimentin and CD57 are significant for diagnosis. S100, vimentin and CD57 are significant for diagnosis. I am sorry, to the best of our knowledge, we have not looked up any relevant prognostic studies.

4. Four case reports about Primary Tracheal Schwannoma can be retrieved in PubMed, and it is suggested to supplement literature review in the form of list.

[Response: Thank you for your comment!](#)

“Table 1 Four primary tracheal schwannoma cases treated by endoscopic therapy are reported in the literature

Characters	Ge X et al ^[6]	Gibb AP et al ^[7]	Sharma PV et al ^[8]	Horovitz AG et al ^[9]
Population	China	China	United States	NA
Age	53	16	63	38
Sex	M	F	M	F
Clinical presentation	Cough, Expectoration	Cough, Asthma	Dyspnea	NA
Location	distal trachea	distal trachea	proximal trachea	NA
Size	2.0 cm	NA	2.0 cm	NA
Treatment	APC/ electrocautery	APC/ electrocautery	APC/ electrocautery	endoscopic excision
Prognosis	Recurrence, 2 weeks after endoscopic resection	Uneventful for 18 mo	Uneventful for 8 mo	Recurrence, 12 years after endoscopic resection

F: Female; M: Male; APC: Argon plasma coagulation; NA: Not applicable.”

5. Please add whether any of the patient's family members have smoking history. Second-hand smoke is also known to be harmful to the respiratory tract.

[Response: Thank you! The patient and her family members had no smoking history.](#)

“Personal and family history

[The patient has no noteworthy family history. There was no family history of cancer in the patient's family. The patient's family members had no smoking history.”](#)

6. Please supplement the CT imaging report of Figure 1.

[Response: Thank you! We add CT imaging report of Figure 1.](#)

[“Chest CT was performed and suggested the existence of a nodule on the left wall of](#)

the trachea at the entrance to the thoracic cavity, considering benign lesions.”

Reviewer # Navid Faraji:

Primary tracheal schwannoma, could be an interesting case to report, as you alluded in this article. It is worth noting that, the discussion section is rich and well arranged, and the most parts of the manuscript has a good spelling, grammar and syntax. However, before it becomes publishable, it still requires some improvement.

Major issues:

1. In the background section, in the first lines, it is better to complete the definition of the core element of your manuscript and then write other detail. Write clinical symptoms after the core element definition, not in the middle.

Response: Thanks a lot! According to your opinion, we have rewritten the preface.

“BACKGROUND

Schwannoma is a benign tumor originating from the peripheral nerve sheath. Primary tracheal schwannoma is a relatively rare disease without unique symptoms. The clinical symptoms of tracheal schwannoma depend on the location of the tumor, and the most common clinical symptoms are cough and hemoptysis. The most effective treatment for benign tumors is complete resection of the primary lesion at an early stage. Our experience has demonstrated that primary tracheal schwannoma can be safely excised with a high-frequency electric knife in a minimally invasive manner.”

2. In the background section, coherence of this sentence «In the treatment of early-stage gastrointestinal cancer, high-frequency electric knives are commonly used», with the entire paragraph has not considered, otherwise it is irrelevant.

Response: Thanks a lot! According to your opinion, we have rewritten the preface.

“BACKGROUND

Schwannoma is a benign tumor originating from the peripheral nerve sheath. Primary tracheal schwannoma is a relatively rare disease without unique symptoms. The clinical symptoms of tracheal schwannoma depend on the location of the tumor, and the most common clinical symptoms are cough and hemoptysis. The most effective treatment for benign tumors is complete resection of the primary lesion at an early stage. Our experience has demonstrated that primary tracheal schwannoma can be safely excised with a high-frequency electric knife in a minimally invasive manner.”

3. Keywords should represent key concepts and should reflect a collective understanding of the topic. For determining the correct and most appropriate keywords, you can use Medical Subject Headings (MeSH) or Google Keyword Planner.

Response: Thank you for your comments! We redefined the correct and most

appropriate keywords uses Medical Subject Headings (MeSH).

“Key words:

Schwannoma; Tracheal Neoplasms; Bronchoscopic Surgery; High-frequency electrocautery; En-block resection; Case report”

4. The conclusion, in the abstract, is more like the aim of study, you can write it in a better and more suitable way.

Response: Thanks a lot! According to your comments, we have rewritten the conclusion.

“CONCLUSION

Primary tracheal schwannoma is a very rare benign tumor. In this case, we cured it by complete endoscopic resection.”

5. The introduction is very short. The constructs and concepts in the introduction section are poor-organized and incomplete. Include more general and specific background in this section.

Response: Thanks a lot! According to your comments, we have rewritten the conclusion.

“INTRODUCTION

Primary tracheal schwannoma, an extremely rare tumor with nonspecific symptoms, accounts for less than 0.5% of primary tracheal tumors[1, 2]. Primary tracheal tumors are uncommon[3, 4]. It is estimated that approximately 0.2% of the entire respiratory system is occupied by primary tracheal tumors in the United States, and most of them are malignant[5]. There are two distinct types of primary tracheal schwannomas, schwannomas and neurofibromas, which arise from nerves located inside the trachea. Less invasive endoscopic procedures can now be used to resect tumors that previously required surgery. We herein present a rare case of a primary tracheal schwannoma with a high-frequency electric knife in a minimally invasive manner. In addition, we found four primary tracheal schwannoma cases treated by endoscopic therapy that are reported in the literature in Table 1[6-9].”

6. In the end of the introduction you must write the aim of the study, what you bring instead is more like conclusion by using present perfect tense.

Response: Thanks a lot! According to your comments, we have rewritten the conclusion.

“INTRODUCTION

Primary tracheal schwannoma, an extremely rare tumor with nonspecific symptoms, accounts for less than 0.5% of primary tracheal tumors[1, 2]. Primary tracheal tumors are uncommon[3, 4]. It is estimated that approximately 0.2% of the entire respiratory system is occupied by primary tracheal tumors in the United States, and most of them are malignant[5]. There are two distinct types of primary tracheal schwannomas, schwannomas and neurofibromas, which arise from nerves located inside the trachea. Less invasive endoscopic procedures can now be used to resect tumors that previously required surgery. We herein present a rare case of a primary tracheal schwannoma with a high-frequency electric knife in a minimally invasive manner. In addition, we found four primary tracheal schwannoma cases treated by endoscopic therapy that are reported in the literature in Table 1[6-9].”

7. In the discussion section, in addition to what you have explained, it is important to compare your case with others relevant researches.

Response: Thanks a lot! Compared with other studies, we supplemented the literature review of bronchoscopic surgery for primary tracheal schwannoma in the form of a list.

“Table 1 Four primary tracheal schwannoma cases treated by endoscopic therapy are reported in the literature

Characters	Ge X et al ^[6]	Gibb AP et al ^[7]	Sharma PV et al ^[8]	Horovitz AG et al ^[9]
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Treatment	APC/ electrocautery	APC/ electrocautery	APC/ electrocautery	endoscopic excision
Prognosis	Recurrence, 2 weeks after endoscopic resection	Uneventful for 18 mo	Uneventful for 8 mo	Recurrence, 12 years after endoscopic resection

F: Female; M: Male; APC: Argon plasma coagulation; NA: Not applicable.”

8. Most bibliographic citations which been used are more than 5 years old and obsolete. The authors must update and arrange the bibliography.

Response: Thanks a lot! Due to the low incidence rate of the disease, there are few relevant studies at present. We regret that we have not found more up-to-date literature. In the future, we will devote ourselves to the research of this rare disease.

Reviewer #1:

1. You do not consider this comment "In the background section, in the first lines, it is better to complete the definition of the core element of your manuscript and then write other detail. Write clinical symptoms after the core element definition, not in the middle".

Response: Thanks a lot! According to your opinion, we have rewritten the background.

“Schwannoma is a benign tumor originating from the peripheral nerve sheath. The clinical symptoms of tracheal schwannoma depend on the location of the tumor, and the most common clinical symptoms are cough and hemoptysis. The most effective treatment for benign tumors is complete resection of the primary lesion at an early stage. Our experience has demonstrated that primary tracheal schwannoma can be safely excised with a high-frequency electric knife in a minimally invasive manner.”

2. Endoscopic therapy, high-frequency electric knife and En bloc, was not included in MeSH. You must substitute them with correct keywords on Medical Subject Headings (MeSH).

Response: Thank you for your comments! We redefined the correct appropriate keywords ues Medical Subject Headings (MeSH).

“Key Words: Schwannoma; Tracheal tumor; Natural orifice endoscopic surgery; High-frequency electric surgical knives; Macroscopically complete excision; Case report”

3. The new introduction is better than before, but The constructs and concepts are still poor-organized and incomplete. Include more general and specific background in this section.

Response: Thanks a lot! According to your comments, we have rewritten the introduction.

“Primary tracheal tumors are uncommon ^[1, 2]. It is estimated that approximately 0.2% of the entire respiratory system is occupied by primary tracheal tumors in the United States, and most of them are malignant ^[3]. Among them, primary tracheal schwannoma accounts for less than 0.5% of primary tracheal tumors ^[4, 5]. There are two distinct types of primary tracheal schwannomas, schwannomas and neurofibromas, which arise from nerves located inside the trachea. As an extremely rare tumor with nonspecific symptoms and is sometimes misdiagnosed as asthma ^[6, 7]. Less invasive endoscopic procedures can now be used to resect tumors that previously required surgery ^[8, 9]. We herein present a rare case of a primary tracheal schwannoma with a high-frequency electric knife in a minimally invasive manner. In addition, we retrieved related literature found four primary tracheal schwannoma cases treated by endoscopic therapy that are reported in the literature in Table 1^[7, 9-11].”

4. You can still dedicate the newest possible bibliography to the manuscript, specially in introduction section, you can use books also to find new references. Strive more again to update the bibliography as much as you can.

Response: Thanks a lot! According to your comments, we have rewritten the introduction.

“Primary tracheal tumors are uncommon ^[1, 2]. It is estimated that approximately 0.2% of the entire respiratory system is occupied by primary tracheal tumors in the United States, and most of them are malignant ^[3]. Among them, primary tracheal schwannoma accounts for less than 0.5% of primary tracheal tumors ^[4, 5]. There are two distinct types of primary tracheal schwannomas, schwannomas and neurofibromas, which arise from nerves located inside the trachea. As an extremely rare tumor with nonspecific symptoms and is sometimes misdiagnosed as asthma ^[6, 7]. Less invasive endoscopic procedures can now be used to resect tumors that previously required surgery ^[8, 9]. We herein present a rare case of a primary tracheal schwannoma with a high-frequency electric knife in a minimally invasive manner. In addition, we retrieved related literature found four primary tracheal schwannoma cases treated by endoscopic therapy that are reported in the literature in Table 1^[7, 9-11].”