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Dr. Lian-Sheng Ma, Founder and Chief Executive Officer
Baishideng Publishing Group, Inc.

Dear Editor:

Thank you for your preliminary decision regarding our invited paper entitled "New trends in the surgical management of soft tissue sarcoma. The role of preoperative biopsy" (Manuscript NO: 81025), which was sent to the *World Journal of Clinical Oncology* for publication as a *Review*.

I would like to thank the reviewers for their earnest efforts in reviewing the manuscript. I accepted and responded step by step to all considerations by the reviewers improving the manuscript. The changes are highlighted by yellow.

Reviewer 1

1. I am sorry, but the instructions to authors do not include structured Abstract. Our unstructured Abstract is according to them.

2. Thank you, you are absolutely right. The issue of liquid biopsy is interesting. Two new relevant references (Ref. 20,21) about it have been added as well as the following text that explains briefly the issue " Liquid biopsy by detecting genomic material in serum is a novel diagnostic, prognostic and staging tool. Genetic material mainly from blood but also from other body fluids (cerebrospinal fluid, saliva, urine, or feces) may be useful for the discovery of circulating tumor cells, cell-free DNA, exosomes, or metabolites [2]. These biomarkers provide valuable information regarding the tumor genetic profile and the status of the disease to ensure optimal monitoring and to identify the mechanisms implicating treatment resistance. The preliminary results are promising despite the technical difficulties, and liquid biopsy could replace invasive tissue biopsy in the future [20]. The heterogeneity of sarcomas poses further prognostic limitations. Furthermore, circulating tumor noncoding RNAs are promising biomarkers. However, all the above research efforts are in the preclinical stage for sarcomas [21]. In addition, the genomic profile may determine the adjuvant treatment choices [22]." (page 6, 11 last lines and page 7, lines 1-2). The two added references have changed the order of them and the overall number (n 83).

3. Thank you. It has been done.



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4. Thank you. It has been clarified by rephrasing and the new text is *“ According to the United Kingdom guidelines for the management of STS, any soft tissue lump more than 5 cm in size and, most importantly, increasing rapidly in size or painful must be considered malignant until assessed otherwise on imaging. Therefore, immediate US is mandatory. If the lesion seems to be benign, then the investigation will be terminated. Otherwise, a CT will follow and then MRI if it is indicated. When positive for malignancy or equivocal imaging findings exist, a preoperative biopsy will always be performed to confirm the diagnosis of soft tissue sarcoma [8], as described in detail below.”* (page 5, 8 last lines).

5. I think these suggested steps are summarized in Conclusions, in which in addition, the value of liquid biopsy has been added.

6. Thank you for your minor comments. All the suggestions have been corrected (page 4, line 12; page 4, last line; page 5, line 14; page 6, line 13). Also, the last comment about preoperative frozen section has been answered by adding the text *“ A preoperative frozen section for immediate diagnosis is not recommended. It has no practical value since the regular review of a core needle biopsy will safely establish the diagnosis [10]. ”* (page 8, lines 10-13).

Reviewer 2: Many thanks for his considerable comments. The suggested specificity, sensitivity and precaution have been included by adding the text *“(sensitivity of 96.3%, specificity of 99.4%, positive predictive value of 99.5%, negative predictive value of 95.1%) [29]. Adequate tissue samples must be obtained in different directions within the tumor through a single skin incision; to avoid the rare needle tract recurrence, the selection of the biopsy site should be planned so that it is included in the subsequent resection, if required [29]”* (page 8 , lines 24-29).

I am sending the revised manuscript and hope to receive a favorable final decision.

We look forward to hearing from you at your earliest convenience.

Sincerely,

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