

Dear editor,

We revised our manuscript carefully according to the reviewer's comments and replied the comments point by point as follows. The revised part was marked in red in the manuscript. The manuscript was performed language polishing by a professional English language editing company. Thank you.

Reviewer's comments:

1. The main problem is that Papillary tumors are more likely to be bilateral and multifocal, especially when accompanying trisomy 7 and/or trisomy 17, which this case had gains in both. So more extensive evaluations were needed to detect and follow up of the other kidney for potential tumor development. Moreover some laboratory tests are needed to help with easily evaluation of potential metastasis including serum alkaline phosphatase, SGOT/SGPT, urine cytology, chest X ray and so on. Also the report is very telegraphic and is not fluent.

Re: According to the reviewer's comment, we added relevant inspection results.

***In Laboratory examinations***

We add "Serum alkaline phosphatase level was 54 U/L (normal 34-150 U/L), serum glutamic-oxalacetic transaminase (SGOT) level was 16 U/L (normal 0-35 U/L), glutamic-pyruvic transaminase (SGPT) was 18 U/L (normal range, 0-40 U/L), and SGOT/SGPT was 0.93."

***In Imaging examinations***

We add "Chest CT was normal. Abdominal CT showed no liver, gallbladder, pancreas, spleen, and right kidney abnormalities."

**In OUTCOME AND FOLLOW-UP**

We add "No tumor cells were found in postoperative urine exfoliative cytology examination."

2. Minor language polishing.

Re: We have sent our revised manuscript to professional English language editing company according to the recommended.

## **SPECIFIC COMMENTS TO AUTHORS**

The main objection that I raised has not been well implemented which is the possibility of bilateral malignancy. Other revisions are OK. Actually it could have been the climax of the relevance for the report. I suggest authors add it as a limitation to your study which compelled a highly intensive workup to investigate this possibility, and close and intensive follow up of patient after treatment of the primary tumor. A brief literature review on the matter and providing a table on the existing evidence would be interesting.

Re:

Thank you for your valuable feedback. The patient had three follow-up visits since the treatment of the primary tumor until now, and the results of three examinations are normal, we will closely follow up on the patient. We added this limitation to our study in discussion, and we added the “site” of all cases in the table .