Editorial Office
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Many thanks for your e-mail dated November 15, 2021 concerning our manuscript entitled "Dedifferentiated chondrosarcoma of the middle finger arising from a solitary enchondroma: A case report.". We are very grateful for your prompt attention and thorough review. Based on the reviewers' comments, we have revised the manuscript and have addressed all of the reviewer's concerns. Please see our responses to the reviewers' comments below.

Newly added or changed portions of text are indicated in red in the revised manuscript.

Reviewer: 1

Comment 1. This care report is well organized and followed the CASE checklist. It reported a case of an 87-year-old woman with dedifferentiated chondrosarcoma (DDCS) of her proximal phalanx of the left middle finger. The patient was cured and the diagnosis of DDCS was certain. The pathological diagnosis is DDCS arising from a preexisting enchondroma. It is an extremely rare case, and may be interested by orthopedists, as well as radiologists and pathologists whose major is MSK.

Response to comment 1

Thank you for your comments. As you have suggested, we have revised the manuscript in view of the relevance of this information to a potentially interested audience. We have also used language editing services to enhance and improve the English expressions. We have added the following sentence in the acknowledgement section: "We thank Editage (www.editage.com) for English language editing and publication support." (page 17, line 283–285)

Comment 2. Here are some comments for your consideration. Line 106, 117: Please consider a case series of 23 patients (PMID: 28301537). In this case series, there is a case of right finger.

Response to comment 2

Thank you for your valuable comment. I confirmed the case series (PMID: 28301537).

"Liu C, Xi Y, Li M, Jiao Q, Zhang H, Yang Q, Yao W. Dedifferentiated chondrosarcoma: Radiological features, prognostic factors and survival statistics in 23 patients. PLoS One. 2017 Mar 16;12(3):e0173665. doi: 10.1371/journal.pone.0173665. PMID: 28301537"

As you mentioned, this case series contained a case of DDCS of the right finger. We have added the following sentence and a table (Table 1) to the discussion:

"Liu *et al*. reported a case of DDCS of the right finger in a 32-year-old man[12]. The high-grade component of this case was spindle cell sarcoma, and the patient was treated with amputation and alive 18 months after the surgery[12]." (page 14, line 227–230)

(Table 1 is in the other file.)

Comment 3. Line 126-128: Is the first radiograph of typical enchondroma available?

Response to comment 3

Thank you for your valuable question. We agree with the importance of the first radiographs and tried to find them. Unfortunately, the first radiograph films were not available because they were taken a long time ago.

Comment 4. Line 150-152: Please provide the normal range of blood test, since it may vary among laboratories and hospitals.

Response to comment 4

Thank you for your comments. We agree on the importance of the normal range of blood tests. We have added the following sentence in "Laboratory examinations" section:

"Her laboratory test results were as follows: hemoglobin, 12.1 g/dL (normal range, 11.2–14.5); total leukocyte count, 6040/μL (normal range, 3300–8800); platelet count, 240000/μL (normal range, 130000–350000); erythrocyte sedimentation rate, 49.0 mm/hour (normal range, 0.0–15.0)." (page 10, line 150–153)

Comment 5. Line 156-159: Is more radiological examinations available? CT and MRI may provide more insights for readers. It is well-known that the diagnosis of bone tumor needs the cooperation of clinician, radiologists and pathologists. The comparison between radiological (X-ray, CT, MRI) and pathological (gross view, histology) examinations may be very interesting.

Response to comment 5

Thank you for pointing this out. We also agree on the importance of additional radiological examinations for diagnosis. However, unfortunately, computed tomography (CT) and magnetic resonance imaging (MRI) were not performed before the surgery.

Comment 6. Line 221-223: Please consider the case series (PMID: 28301537), in which there is a DDCS case of right finger. It would be better if there is a table summarizing the finger DDCS cases.

Response to comment 6

Thank you for your comments. This comment is similar to comment 2. We confirmed this case series (PMID: 28301537). We have revised the manuscript and added the following sentences:

"DDCS of the finger is extremely rare with only two case reports being available till date (Table 1). … Liu *et al*. reported a case of DDCS of the right finger in a 32-year-old man[12]. The high-grade component of this case was spindle cell sarcoma, and the patient was treated with amputation and alive 18 months after the surgery[12]." (page 14, line 222–230)

(Table 1 is in the other file.)

Comment 7. Line 239-247: Please consider an analysis of IDH1 and IDH2 mutation in DDCS implicating its monoclonal origin (PMID: 32742915).

Response to comment 7

Thank you for your comments. IDH1 and IDH2 mutations are very important in discussing the development of DDCS. Therefore, we have revised the manuscript and added the following sentence and the reference in the discussion section:

"Yang T *et al*. reported that combining clonality analysis with isocitrate dehydrogenase 1(IDH1) and IDH2 mutation detection revealed that cartilaginous and non-cartilaginous components of DDCS originate from the same primitive cells, which must have the potential to differentiate into cartilage[16]." (page 15–16, line 252–256)

Reviewer: 2

Comments to the Author

no.