

Dear Editors and reviewers:

Thank you for your letter and the reviewers' comments concerning our manuscript entitled "Primary clear cell sarcoma of soft tissue in the posterior cervical spine invaded the medulla oblongata: A case report" (75726). Those comments are valuable and very helpful. We have read through comments carefully and have made corrections. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript and the pages and lines below refer to the revisions. The following is our responses to the reviewer's comments.

We would love to thank you for allowing us to resubmit a revised copy of the manuscript and we highly appreciate your time and consideration.

Sincerely,

Chen-Chen Liu, Wen-Peng Huang, Jian-Bo Gao

Reviewer #1:

Thank you for your summary. We really appreciate your efforts in reviewing our manuscript. We have revised the manuscript accordingly. Our point-by-point responses are detailed below.

1. Please correct some misspelling in the literature: -aponapeae -> aponeurosis (page 2, line 8). -schwannioma -> schwannoma (page 4, line 8) -phlebiolith -> phlebolith (page 4, line 13) etc.

Response: We apologize for the language problems in the original manuscript. The language presentation was improved with assistance from a native English speaker with appropriate research background (page 2, line 48, page 5, line 190, 195).

2. it said : "local compression on spinal cord" seen by CT Scan enhanced sagittal view. I think that spinal cord compression would be better evaluated by MRI. In all the MRI figures, I can not find any compression on spinal cord caused by the tumor. This manuscript has to be checked by imaging specialists such as radiologists.

Response: We agreed with this comment and added an MRI image to show the mass pressing on the spinal cord. All images were reviewed by a physician with 7 years of experience in radiology.

3. it is better to describe that all the neurological examination is normal in the physical examination, pre and post operative, because the tumor is in cervical region, and the neurologic status will be our most concern.

Response: We deeply appreciate the reviewer's suggestion. According to the reviewer's comment, we have describe that all the neurological examination is normal in the physical examination and outcome and follow-up part.

4. please state, who did the operation (level of the capability)

Response: We are grateful for the suggestion. To be more clear and in accordance with the reviewer concerns, we have added a brief description as follows: After admission, the patient underwent lesion resection of the foramen magnum by his attending

physician,Guang-Yi Jiang.

5. Please describe the duration of the followup that the authors had included in the manuscript.

Response: Thank you for your comment, and our reply is as follows: The patient showed no neurological abnormalities after surgery. After 2 mo, the patient received radiotherapy followed by antirotinib targeted therapy. After 6 mo,the patient was lost to follow-up by telephone.

6. Please describe the term of "his condition is stable" in the outcome. Is it hemodynamic stable? neurologic stable?.

Response: We want to express that the patient's condition is stable, which means that the patient has no recurrence or metastasis. We are sorry for the confusion caused to your understanding. We have changed this statement and revised the language in the outcome and follow-up part.

7. please discuss the clinical/diagnosis role of the abnormality of antigen 125 and antigen 19-9 in this case report.

Response: We are extremely grateful to reviewer for pointing out this problem. We have added a brief description as follows: At the same time, cancer antigen 125 and carbohydrate antigen 19-9 was elevated in the patients. Studies have shown that cancer antigen 125 may be a useful marker for the diagnosis of epithelioid sarcoma, and elevated carbohydrate antigen 19-9 is often indicative of tumors of epithelial origin [4]. However,pathologically, the origin of CCS tissue is unclear, and there are no reports about cancer antigen 125 , carbohydrate antigen 19-9 and CCS.

Thank you for your careful review. We really appreciate your efforts in reviewing our manuscript. We wish good health to you, your family, and community. Your careful review has helped to make our study clearer and more comprehensive.

Reviewer #2:

Thank you for your precious comments and advice. Those comments are all valuable and very helpful for revising and improving our paper. We have revised the manuscript accordingly, and our point-by-point responses are listed below.

1. page 2/9, Core tip; aponapeae ---> aponeurosis

Response: Thank you for your careful review. We are very sorry for the mistakes in this manuscript and inconvenience they caused in your reading. We have corrected the spelling errors and had them checked by a native English speaker with appropriate research background (page 2, line 48).

2. page 3/9, Lab exam; tumor associated antigen 125 --> cancer antigen 125 tumor associated antigen 19-9 --> carbohydrate antigen 19-9 Imaging exam; pathological mitosis --> atypical mitosis immunohistochemistry: ~~~~ --> put the full-terms and followed by abbreviations in parenthesis

Response: We deeply appreciate the reviewer's suggestion. According to the reviewer's comment, we changed the language and wrote the full-terms of immunohistochemistry.

3. page 4/9; Ewsr1 --> EWSR1 Outcome and follow-up; put the follow-up length from surgery to the present Vinmentin --> Vimentin

Response: We apologize for the spelling mistakes in the manuscript and have corrected these mistakes. We have added the follow-up length from surgery to the present as follows: The patient showed no neurological abnormalities after surgery. After 2 mo, the patient received radiotherapy followed by antirotinib targeted therapy. After 6 mo, the patient was lost to follow-up by telephone.

4. page 5/9; schwannioma --> schwannoma phlebiolith --> phlebolith

Response: We are extremely grateful to reviewer for pointing out this problem. We have corrected these mistakes (page 5, line 190,195).

5. page 9/9; Figure 3 (legend), pathological mitosis --> atypical mitosis Figure 3A: higher magnification is mandatory Figure 3C: higher magnification of HMB-45 positive areas should be included

Response: We deeply appreciate the reviewer's suggestion. According to the reviewer's comment, we modified the expression (page 3, line 111,304). Figure 3A and 3C have been replaced with a higher magnification image in our manuscript.

Thank you for your precious comments and advice. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. Thank you again very sincerely for your advice.