Dear Editor,

We are glad to hear from you, and I will respond to the reviewer's questions one by one:

1. I have changed the HE picture, selected a more typical and clear picture upload, and added the difference between epithelial trophoblastic tumors and PST and chorionic carcinoma, thus excluding PST and choriocarcinoma diseases.

2. I have added the cell origin of the tumor and the currently available drug treatment options, including the reason: the tumor originated in villous intermediate epithelial trophoblasts, it is very rare to find ETT in both the ovaries and fallopian tubes, and the case is a recurrent ETT. There is currently no uniform chemotherapy regimen, and the main drugs are antimetabolites such as MTX and 5-FU. If most of the trophoblasts are in the value-add cycle, the doubling time is short, and they can have a certain sensitivity to chemotherapy. HCG is a specific marker of trophoblastic tumors, its change level reflects the growth of tumors and chemotherapy effects, the case of postoperative blood β-hCG levels increased and given chemotherapy treatment, there is no recurrence, indicating that postoperative chemotherapy for the treatment of some patients is helpful, the late stage of the disease should consider the use of surgical treatment combined with a variety of drug chemotherapy, targeted therapy and immunotherapy and other therapeutic measures. The above specific contents need to be found in the revised draft.

If you have any questions, please contact me in time.