

Dear Editor:

We would like to thank the anonymous reviewers for their kind comments and valuable suggestions. We carefully read the reviewers' reports and revised the manuscript according to their suggestion. All changes to the original manuscript were shown in red font.

Following are the reviewers' comments and our responses to the comments:

**Reviewer #1:**

Instead of "Here, We present..... treatment." in background, I would like to recommend this correction. "We would like to share our experience in the treatment of a locally advanced primary embryonal rhabdomyosarcoma of cervix in a 39-year-old female." In case summary and examination, rather than using the word "crisp", please use "friable". We don't usually use the word "crisp" for this kind of description. Since it is a pretty large mass 5x5cm in size, what kind of biopsy was done? Cone biopsy? Do not just say "A tumor biopsy was performed". Please specify. 5x5cm is pretty huge size. It would be nice to see MRI images. In MRI description, we don't use the term "shorter T1" or "longer T2". Please use the term "hypointense" or hyperintense". Suggest to change the sentence like this, "Subsequently, she underwent laparoscopic radical hysterectomy, bilateral salpingo-oophrectomy and pelvic lymph node dissection." in case summary. Please find citation for this sentence: "Adult patients appear to have worse prognosis." This tends to be debatable. Grammar errors: "...might be reasonable therapeutic options.." in conclusion. "... the tumor size was reduced to 3 x 3 cm.... " in interventions. "At each visit, history taking and clinical examination were carried...." in follow-up.

**Answer:** Thank the reviewer for his kind suggestion. In background, the sentence "Here, We present..... treatment." had been replaced by "We would like to share our experience in the treatment of a locally advanced primary embryonal rhabdomyosarcoma of cervix in a 39-year-old female." according to the advice of the reviewer and shown in red font in the text. In case summary and examination, the word "crisp" had been replaced by "friable" according to the advice of the reviewer and shown in red font in the text. In addition, a colposcopy-directed biopsy was

performed, and a pathological diagnosis of embryonal rhabdomyosarcoma was made. Then we didn't do the cone biopsy. The MRI images were shown in Figure 2. In MRI description, the term "shorter T1" or "longer T2" had been replaced by "hypointense" or hyperintense" according to the advice of the reviewer and shown in red font in the text. We had changed the sentence like this, "Subsequently, she underwent laparoscopic radical hysterectomy, bilateral salpingo-oophrectomy and pelvic lymph node dissection." according to the advice of the reviewer and shown in red font in the text. The citation for the sentence "Adult patients appear to have worse prognosis." had been marked according to the advice of the reviewer and shown in red font in the text. Grammar errors: "...might be reasonable therapeutic options.." in conclusion. "...the tumor size was reduced to 3 x 3 cm...." in treatment. "At each visit, history taking and clinical examination were carried...." in follow-up had been corrected according to the advice of the reviewer and shown in red font in the text.

**Reviewer #2:** Xu L, et al. reported a 39-year-old female patient diagnosed with embryonic type rhabdomyosarcoma of the uterine cervix. She underwent two courses of neoadjuvant chemotherapy (NAC) with VAC, radical hysterectomy with BSO and pelvic nodal dissection, and four courses of adjuvant chemotherapy with VAC, and has remained disease free for an additional four years. This report will provide valuable information for patients suffering from the same disease. I have a few comments to improve this manuscript. 1. Gross appearance of the resected tumor should be presented, which will help diagnose the tumor. 2. According to Figure 1B, tumor cells display spindle shape. I understand that spindle cell subtype has now got independent of embryonic type in the latest WHO classification. Please explain the reason why you diagnosed this tumor as embryonic but not spindle cell type. In addition, higher power view of the tumor cells, which will demonstrate the differentiation towards the striate muscle, such as oval, racket-like or tadpole-like cells with striated cytoplasm, had better be presented. 3. Results of MRI between before and after NAC should be presented for demonstrating the chemotherapeutic effect.

**Answer:** Thank the reviewer for his kind suggestion. Gross appearance of the resected tumor had been presented in Figure 3 according to the advice of the reviewer. The tumor cells of embryonal rhabdomyosarcoma have various shapes, which reproduce the cells at various stages of embryonic development of skeletal muscle. However, spindle cell rhabdomyosarcoma is mainly composed of spindle cells with inconspicuous or few rhabdomyoblasts. The embryonic type is more common in the genital tract, whereas the spindle cell subtype is more common in the extremities. So we diagnosed this tumor as embryonic but not spindle cell type (Figure 1). Results of MRI between before and after NAC had been presented in Figure 2 according to the advice of the reviewer.

Thank the reviewers for their kind comments over again !

Best wishes,

Dr. Weihong Dong