

Manuscript NO.: 81354

Title: Primary dedifferentiated chondrosarcoma of the lung with 4-year history of breast cancer: A case report

Journal: World Journal of Clinical Cases

Response to Reviewers' comments

Dear editors and reviewers,

Thank you for your constructive comments concerning the manuscript **“Primary dedifferentiated chondrosarcoma of the lung with 4-year history of breast cancer: A case report”** (No. 81354). We have carefully considered the reviewers' comments and have revised our manuscript according to those comments. Several “point-to-point” responses were performed according to reviewers' comments. Our responses were highlighted in blue. The corresponding modifications in the manuscript are marked by yellow highlight. Before resubmission, we have employed a professional language proofreading service in Medjaden Inc. (The order number: MJD2301190) for improving the quality of English.

We greatly appreciate this opportunity to resubmit a revised version of our manuscript, and please do not hesitate to contact us if you have any further concerns.

Best regards,

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Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: Dears authors, There are not any information about patient. Has she had other diseases, what kind of therapy she had for breast cancer surgery radio or chemotherapy? When you took out the tumor from bronchus, did you for FNA or biopsy? Do you have any pictures from CT of head? Any pictures from pathohistology? You have to write all doses of hemotherapy. Why you took this combination of too much antitumor drug? Which protocol you used?

Response: Thank you for taking time to review our manuscript and for your constructive comments. It is very precious for a better quality of the manuscript. The corresponding responses were showed below:

1. There are not any information about patient.

Response: Thanks, we have mentioned and added some information about the patient in the revised manuscript in line 8-11, page 5.

2. Has she had other diseases, what kind of therapy she had for breast cancer surgery radio or chemotherapy?

Response: There is no other remarkable disease about the patient except breast cancer. And the patient was diagnosed with breast cancer and underwent surgery four years ago. After surgery, the patient underwent adjuvant chemoradiotherapy and endocrine therapy. We showed relevant information in the manuscript in line 8-11, page 5.

3. When you took out the tumor from bronchus, did you for FNA or biopsy?

Response: Thanks for the comment. The tumor was partly resected and took out from the bronchus by fiberoptic bronchoscopy because the tumor blocked the bronchial lumen. We revised and mentioned it in the manuscript in line 12-13, page 6.

4. Do you have any pictures from CT of head? Any pictures from

pathohistology?

Response: Thanks for the question. Many pictures have been obtained from CT of head. Herein, we chose two representative pictures from different times to illustrate our point (May 2021 and Nov. 2021), and these pictures have been showed in figure 1C and 1D. And if you need more pictures from CT of head, we can provide the original file of the pictures. In addition, we have performed representative pictures from pathohistology of the tumor in figure 2A to 2D. Considering the risk of surgery and the patient's physical condition, the patient refused to have a biopsy of the brain tumors, thus, pictures from pathohistology of the tumors in the head is not available.

5. You have to write all doses of hemotherapy.

Response: Thank you for your constructive suggestion. We have added all doses of the hemotherapy in the manuscript. Details showed in line 31-32 on page 5, line 1-2 on page 6 and line 6-8, 12-13 on page 7.

6. Why you took this combination of too much antitumor drug? Which protocol you used?

Response: Thanks for the questions. Before the patient was diagnosed as dedifferentiated chondrosarcoma in pathohistology, she was considered to be recurrence and metastasis of breast cancer by her oncologist and subjected to 4 cycles of systemic chemotherapy (Abraxane 260 mg/m² IV on Day 1 of a 21-day cycle) combined with targeted therapy (Bevacizumab 15 mg/kg IV on Day 1 of a 21-day cycle) and endocrine therapy (oral exemestane tablet 25 mg once a day), and palliative radiotherapy for the brain metastasis. The regimen was aimed at advanced metastatic breast cancer and it was according to the Guidelines For Diagnosis And Treatment Of Breast Cancer Of The Chinese Anti-Cancer Association (2021). Further diagnosis revealed that when the tumor in the right lung of the patient was confirmed as dedifferentiated chondrosarcoma (DDCS), the patient's administration was changed with a regimen of cisplatin + ifosfamide + doxorubicin hydrochloride liposome as she was diagnosed with advanced metastasis of sarcoma clinically. Subsequently,

she received chemotherapy and targeted therapy with a regimen of temozolomide combined with bevacizumab for the sake of the patient cannot tolerance the former chemotherapy treatment. The regimen was based on the Guidelines For the Diagnosis And Treatment Of Classic Osteosarcoma Of Chinese Society of Clinical Oncology (CSCO) and the Guidelines For The Diagnosis And Treatment Of Soft Tissue Sarcoma Of CSCO.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank you for the opportunity to review this work. This manuscript is a case report presented with primary dedifferentiated chondrosarcoma of the lung in patient with breast cancer. Detailed comments about this case report are as follows: -The author only stated in the core tip section, "This case of primary DC of the lung with 4-year history of breast cancer and related treatment is extremely rare and easily misdiagnosed." Please clarify why it is easier to be misdiagnosed in the discussion section. - Also, how to improve the recognition of this condition in real-life practice? - The CARE checklist mentions the "strengths and limitations in your approach to this case." Therefore, please state the limitations of the approach to this case in the manuscript in the discussion section.

Response: Sincerely thank you for carefully reading our manuscript and for your meaningful comments. The corresponding responses were as follow:

1. The author only stated in the core tip section, "This case of primary DC of the lung with 4-year history of breast cancer and related treatment is extremely

rare and easily misdiagnosed." Please clarify why it is easier to be misdiagnosed in the discussion section.

Response: Thank you for your constructive comment. We have added some contents in the core tip and discussion section. Primary dedifferentiated chondrosarcoma (DDCS) of the lung usually lacks specific clinical manifestation to distinguish from other lung tumors, and CT examination may hard to exactly show the "biphasic sign" characteristic. Moreover, when the tumor occurs in a patient who has a history of another malignant tumor, it is easily considered to be recurrence or metastasis of the previous tumor for the oncologist and resulted in misdiagnosis. Details are showed in line 11-12, page 4 and line 4-10, page 10.

2. Also, how to improve the recognition of this condition in real-life practice?

Response: Thanks for your valuable question. We have added some contents in the discussion. In real-life practice, a more comprehensive understanding of this rare tumor is quite essential. And clinical findings, image examination and pathological examination are indispensable to confirm the DDCS and improve the recognition of this tumor. Details are showed in line 10-12, page 10.

3. The CARE checklist mentions the "strengths and limitations in your approach to this case." Therefore, please state the limitations of the approach to this case in the manuscript in the discussion section.

Response: Thank you for the suggestion. According to your suggestion, we have added relevant content in the discussion. The therapies of the patient in this case were changed several times for the sake of diagnosis change and intolerance to chemotherapy, however, they did not show clear effectiveness. Thus, whether the chemoradiotherapy suppressed the progression of DDCS is still unknown and remains to be proved by further studies. These are the limitations of this rarely case. Details are showed in line 25-30, page 9.

In addition, we carefully modify the language of the manuscript, and employed

a professional language proofreading service in Medjaden Inc. (The order number: MJD2301190) for improving the quality of English.

(1) *Science editor:*

The manuscript has been peer-reviewed, and it's ready for the first decision.

Response: Thank you for taking the time to review our manuscript.

(2) *Company editor-in-chief:*

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results

from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: Thanks for your hard work on this manuscript. (1) And we have revised our manuscript according to the STEPS FOR SUBMITTING REVISED MANUSCRIPT. (2) We have revised our manuscript according to the reviewers' comments and responded point-by-point to the issues raised in the peer-review report. (3) The original pictures documents have been prepared and organized into a single PowerPoint file which the copyright information was added to the bottom right-hand side of the picture in PowerPoint. (4) We added several latest cutting-edge research results in the discussion and reference to further improving the content of the manuscript using RCA database. Detail showed in line 21 on page 4, line 9, 12-14 on page 9, line 1-3, 28-31 on page 10 and line 9-13, 21-28 on page 12.