

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: There are some errors in Medical English. Please, recheck it. The first sentence in the abstract is misleading. It can be divided into two sentences: "women of reproductive age. It is characterized by ". In this sentence "Intraoperative frozen sections unexpectedly unveiled an endometrioid cancer of the left fallopian tube with superficial myometrial invasion surrounded", you mentioned the word "myometrial" that means muscles of uterus not Fallopian tube. Is it correct? In INTRODUCTION, this sentence "fallopian tube involvement of endometrial cancer should be staged as FIGO IIIa while synchronized primary endometrial cancer and primary fallopian cancer should be staged respectively." is misleading. The word "straight" is not understood what it means. Also, INTRODUCTION should be increased with adding references. It may be added with causes of endometriosis. You may add this article and others in causes of endometriosis: "Hysterosalpingography might disturb the functional anatomy of Fallopian tube: https://www.researchgate.net/profile/Abdelmonem-Hegazy-2/publication/325314186_Hysterosalpingography_might_disturb_the_functional_anatomy_of_Fallopian_tube/links/5b06039aaca2725783d89da8/Hysterosalpingography-might-disturb-the-functional-anatomy-of-Fallopian-tube.pdf". In this phrase "× 29.0 mm) of the left adnexa (details are depicted in Fig. 1A, 1B, and 1C).", Please, delete these words "details are depicted in". In DISCUSSION, this sentence should be documented with reference "the fallopian tube is affected relatively rarely". Please, change the verbs in legends of Figures to the "present" instead of the current "past".

Reviewer 1#:

(1) Comment: There are some errors in Medical English. Please, recheck it.

Response: We appreciate the suggestions. We have rechecked the Manuscript and correct errors in Medical English. The revised manuscript has been resent to linguistic polishing.

(2) Comment: The first sentence in the abstract is misleading. It can be divided into two sentences: "women of reproductive age. It is characterized by ". In this sentence "Intraoperative frozen sections unexpectedly unveiled an endometrioid cancer of the left fallopian tube with superficial myometrial invasion surrounded", you mentioned the word "myometrial" that means muscles of uterus not Fallopian tube. Is it correct?

Response: Thanks for your valuable comments. The first sentence in the abstract has been divided into two sentences to avoid misleading. The word "myometrial" denotes the superficial invasion of the fallopian tube. We have deleted that word for better description.

(3) Comment: In INTRODUCTION, this sentence "fallopian tube involvement of endometrial cancer should be staged as FIGO IIIa while synchronized primary endometrial cancer and primary fallopian cancer should be staged respectively." is misleading. The word "straight" is not understood what it means. Also, INTRODUCTION should be increased with adding references. It may be added with causes of endometriosis. You may add this article and others in causes of endometriosis: "Hysterosalpingography might disturb the functional anatomy of Fallopian tube: https://www.researchgate.net/profile/Abdelmonem-Hegazy-2/publication/325314186_Hysterosalpingography_might_disturb_the_functional_anatomy_of_Fallopian_tube/links/5b06039aaca2725783d89da8/Hysterosalpingography-might-disturb-the-functional-anatomy-of-Fallopian-tube.pdf".

Response: We appreciate your valuable comments. We have amended the INTRODUCTION you mentioned, and relevant references (ref.2 and ref.3) have been added with the causes of endometriosis. The article you mentioned mainly focused on injection of dye or contrast medium during performing hysterosalpingography examination might disturb the function of the cilia of the tube which resulted in increasing the risk of occurrence of ectopic pregnancy. Even in this article did not

discuss any relevant causes between endometriosis and hysterosalpingography examination.

(3) Comment: In this phrase "× 29.0 mm) of the left adnexa (details are depicted in Fig. 1A, 1B, and 1C).", Please, delete these words "details are depicted in". In DISCUSSION, this sentence should be documented with reference "the fallopian tube is affected relatively rarely". Please, change the verbs in legends of Figures to the "present" instead of the current "past".

Response: Thanks for your suggestions. We have deleted those words you mentioned in the manuscript. We have changed the description in the revised manuscript by adding evidence relative to the incidence of fallopian tube endometriosis. And references have been added to support this viewpoint (ref.7). And the verbs in legends of Figures have been changed to the 'present' tense.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Reviewer Comments: I was pleased to review the article - Endometriosis-associated endometrioid adenocarcinoma of the fallopian tube synchronized with endometrial adenocarcinoma: a case report The methodology used by the authors is appropriate for the purpose of the study and conclusions are narrowly linked to available evidence. In general, the manuscript may benefit from some revisions, as suggested below: -It doesn't seem representative to me that differential diagnosis should be a Keywords -was the patient evaluated imaging ONLY by transvaginal ultrasound? were no high performance investigations carried

out even when he was diagnosed with cancer? Eq.- pelvic magnetic resonance, thorax and abdominal scan? - History of past illness- it is laboriously presented, if there are no diseases to present, the ones that ARE NOT, should not be mentioned - the Hb range should be mentioned - the expression - malignant lesion had not been completely excluded- should be detailed. These were excluded by way of pathological report or imaging assessment? (ultrasound, CT-scan...?) - There was no evidence of recurrence in subsequent 3-year follow-ups after treatment.- what kind of evidence? there is a dynamic of value of HE4 or imaging assessment (eq. pelvic magnetic resonance?) -I suggest that, for images, it would be useful to identify the exemplified notions with arrows

Reviewer #2:

(1) Comment: It doesn't seem representative to me that differential diagnosis should be a Keywords.

Response: Thanks for your suggestions. We have deleted it in the revised manuscript.

(2) Comment: Was the patient evaluated imaging ONLY by transvaginal ultrasound? were no high performance investigations carried out even when he was diagnosed with cancer? Eq.- pelvic magnetic resonance, thorax and abdominal scan?

Response: We appreciate your comment. Preoperative chest X-ray had performed without positive finding. Based on the intraoperative examination, final pathologic report, and preoperative tumor markers, we did not proceed further postoperative investigation of image immediately. Firstly, the cancer of the patient demonstrated no marked high-risk pathologic parameters (such as deep myometrial invasion, poor differentiation, non-endometrioid subtypes, etc.), the probability of detecting the macroscopical lesion is low. For the sake of cost-effect consideration, it is rational to exclude the postoperative image investigation immediately. Secondly, the routine route of distant metastasis in endometriosis cancer is the retroperitoneal lymph node metastasis. The patient had undergone bilateral pelvic and para-aortic lymphadenectomy simultaneously, which would influence the judgement of the image investigation result. Thirdly, no evidence of recurrence in postoperative routine follow-up justified the primary decision.

(3) Comment: History of past illness- it is laboriously presented, if there are no diseases to present, the ones that ARE NOT, should not be mentioned.

Response: Thanks for your useful comment. The primary manuscript was written according to the author guideline of the Journal (the Format for Manuscript Submission: Case Report). History of past illness of the patients indicated in the primary manuscript were negative. We have amended this section in the revised manuscript (History of past illness section, line....).

(4) Comment: The Hb range should be mentioned.

Response: Thanks for your suggestions. We have added the Hb range to the revised manuscript.

(5) Comment: The expression - malignant lesion had not been completely excluded- should be detailed. These were excluded by way of pathological report or imaging assessment? (ultrasound, CT-scan...?)

Response: We appreciate your comments. We have rewritten the “expression” you mentioned in the revised manuscript.

(6) Comment: There was no evidence of recurrence in subsequent 3-year follow-ups after treatment.- what kind of evidence? there is a dynamic of value of HE4 or imaging assessment (eq. pelvic magnetic resonance?)

Response: Thank you for your valuable suggestions. We have added evidence to support the no evidence of recurrence (OUTCOME AND FOLLOW-UP section, line).

(7) Comment: I suggest that, for images, it would be useful to identify the exemplified notions with arrows.

Response: Thanks for your useful suggestions. We have added arrows to highlight the findings in the images in the revised manuscript.