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I on behalf of the co-authors would like to thank the reviewers for their critical perusal. I agree with them for the unintentional errors and have modified according to the valuable guidance of the reviewers. As stated by the reviewers also this is an uncommon topic and this issue is large an area of active research. The point to point answers are attached below.

Reviewer 1: This is a very rare location of a lymphoma in a teenager. The case presentation is interesting. Did he have side effects induced by chemo- or radiotherapy? The figure 2G has no explanation. There are several grammatical errors that must be corrected.

Reply: In our institute we use a dose of 3.5gm/m2 instead of 5-8gm/m2. It has long been followed with an aim to have better compliance and lesser toxicity. The patient tolerated treatment well without nay grade III or higher toxicity. The figure has been modified. Grammatical errors have been corrected.

Reviewer 2: Did the authors give any intrathecal treatment? -What was the name of treatment protocol they used? -Is the PET imaging a suitable modality for staging work-up in high grade lymphoma and especially in case of CNS involvement? -Could the systemic chemotherapy with intrathecal chemotherapy have been an alternative to craniospinal radiotherapy to prevent CNS toxicity? -The authors would rather discuss other choices of treatment such as intrathecal rituximab.

Reply: In our institute we use a dose of 3.5gm/m2 instead of 5-8gm/m2. It has long been followed with an aim to have better compliance and lesser toxicity. We may term it as "Julka protocol" as Sir has devised this protocol. Pediatric PCNSL is a rare disease with poor prognosis and hence aggressive treatment is logical. In adult cases also

patients treated without radiation fares worse. In addition a phase III trial reported that WBRT may be deferred until relapse without compromising survival; however, this trial is fraught with flaws.

PET imaging was done to look if any other site of disease is there or not. PET has limited role in brain.

Radiation is an integral part of the management of Primary CNS lymphoma. Avoidance of radiation may result in excessive failure.

The rituximab option has been added in the discussion.

Reviewer 3: The standard dose brain irradiation may be discuss. Morris JCO 2013 proposed a lower dose:23.4 Gy ; JCO 2016 Glass: 36 Gy line 52 Burkitt.

Reply: We agree with the reviewer as radiation dose varies in different PCNSL trials. Now 23.4 Gy is being used for many cases to reduce the possible toxic effects. However, because of lack of much data in pediatric population we used the standard dose only.

Reviewer 4: Remarks to authors: The case report entitled "Primary pediatric mid-brain lymphoma: report of a rare pediatric tumor in a rare location", is about very rare tumor in children comprising about 1.5 % of all primary CNS lymphoma. The report of this case have diagnostic value since it is frequently misdiagnosed as relatively more common entities, such as gliomas. The case has been reported coherently. However, some items in the paper should be revised. I have the following observation:

1.The diagnosis of the case needs more precise interpretation, not only B cell non-Hodgkin's l lymphoma ?!. we can't rule out Diffuse large b-cell lymphoma (DLBCL). For proper evaluation; immune stains for Bcl- 2 and Bcl-6 are recommended.

Reply: We appreciate the observation of the reviewer. In the present case light microscopic examination of the lesion showed diffuse infiltration by atypical large lymphoid cells (Immunopositive for LCA) having round nucleus with scant cytoplasm. The cells are immunopositive for CD20 and CD79a (B-Cell markers) while negative for CD3 (T- Cell marker) and MPO (Myeloid marker). However, because of lack of inadequate sample we could not do bcl2/bcl6. But, we discussed with pathologist and they opined it appears to be DLBCL only.

2.The Quality and resolution of the Figure 2 are poor, please provide better figures & explanation of histopathology (H&E) & immune stains such as (G).

Reply: We have modified the images and corrected as well.

3.Some typographical mistakes need t be corrected.

Reply: We have corrected the typographical errors.