

#1 The authors described three cases of intravenous leiomyomatosis with different surgical approaches. This case report was described well and interesting. Several comments might lead to publication. 1. Are there any criteria for choosing the stage of operation? I think the malignant potential of tumor in case 1 is not acceptable criteria rather than adhesion. Discuss about the pros and cons of one-stage and 2-stage operation and any indication of it. 2. Present the perioperative data of these three cases (operative time, blood loss, pathologic results and so on). Compare with other case reports and discuss about it. 3. In case 2, the patients had a history of hysterectomy, but total hysterectomy and BSO were performed once more? 4. The 2nd paragraph of discussion is not read easily. It should be divided, so long paragraph. 5. Discuss more about the minimally-invasive approach profoundly.

A:

1. In our experience, the invasion of the tumor in the pelvis (the size and the adhesion of the tumor) and the general condition are the most important factor for choosing the stage of the operation. Case 1 is the first case of IVL in our institution. All the preoperative examination, including the CT, reported the potentially malignant nature of this tumor. Therefore, we were conservative in choosing the surgical plan. This is certainly not the criteria for two-stage operation and we would make that clear in the manuscript.

The primary indication for choosing the stage operation, in our opinion, are invasion of the tumor in the pelvis and the general condition of the patient. Since the whole operation for IVL can be time-consuming and the surgical trauma can be very severe. Especially when the left ovarian vein is involved, we need to open the posterior peritoneum in both sides, which may result in extensive diffuse blood oozing after the CPB or even deep hypothermic circulatory arrest. In such case, we recommend two-stage operation.

As for the pros and cons of the one-stage and two-stage operation, one-stage operation can reduce the risk of a second anesthesia, the psychological burden of the patient and the risk of tumor embolism. But it also increase the operation time and the trauma at one time. In the meanwhile, two-stage operation can relatively manager the surgical trauma. But the adbominal adhesion from the first operation might increase the difficulty. In our mind, we prefer the one-stage operation if the criteria is met.

2. We have added those datas and content in the manuscript.
3. We are sorry for this mistake and correction have been made.
4. We have divided this paragrahp.
5. The relative content has been added to the manuscript.

#2 Abstract is too short. Introduction must be enriched with epidemiological data. References are few. Histology makes diagnosis, images should be better described, optical enlargement, slide staining and possible immunohistochemistry should be added.

A: Thank you for your suggestions. We have revised the manuscript accordingly.

#3 General comments The article by Jie He, et al. is case reports with intravenous leiomyomatosis. Leiomyomatosis is a rare disease, and the authors presented three patients, who underwent a different surgery according to the extent of invasion and involved organs. Specific comments
Title: Title should be changed to “Intravenous leiomyomatosis with different surgical approaches: Reports of three cases. Abstract: “Case Summary” is very

simple. Being very important in the article, the abstract should contain more concrete and informative contents. Case 2: Explain more signs and symptoms.

A: Thank you for your suggestions. We have changed the title, added more content to the abstract and described the cases in more detail.