

Dear Lian-Sheng Ma,

We would like to thank the Editor for handling our manuscript (57002) and the Reviewers for the valuable comments and advices. We are grateful for the chance to revise it for evaluation again. We addressed the comments carefully and revised the manuscript accordingly. Please find the point-by-point responses below. We highlighted the relevant changes in the revised manuscript. The bold text indicates the original comments and the normal text indicates our responses.

Responses to Reviewer #1:

1. Add more on the basic of undifferentiated embryonal sarcoma of the liver in the introduction.

Response: We added some basic information of UESL in the introduction. They are “UESL has no sex predilection in children and a slight female predominance in adults[5]”. And “The clinical manifestations is non-specific, often includes abdominal pain, fever and hepatomegaly. The imaging examination usually shows a large, solitary nodule in the right liver lobe. Some cases are accompanied by extrahepatic spread[5,6]”.

2. Add the unique of this study compared to other studies discuss the same issue.

Response: This study is a single-center retrospective study with a large time span and wide age distribution among the enrolled patients. The clinical manifestations, laboratory and imaging examinations, and preoperative and postoperative diagnosis were comprehensively evaluated. And the patients were long-term followed-up to investigate the impact of surgery and chemotherapy on prognosis. The results will help to improve the clinician’s understanding of the UESL. Please refer to the Introduction part.

3. English language correction through the manuscript.

Response: This article was edited by a native-English speaker. And the proof has been uploaded.

4. Discuss merits and limitations of technique applied.

Response: Our study has some limitations. Firstly, this is a single-center study, and the disease is a rare disease. Although the time span is large, the relatively small number of

cases would lead to biases in the observation of clinical manifestations and laboratory/imaging examinations. Secondly, retrospective research usually has intrinsic bias. In this study, patients came from the same center with complete clinical data and uniform diagnostic criteria, which can minimize such bias. Please refer to the last paragraph of the Discussion part.

5. Update of references as most of references are old using.

Response: We added some latest references, i.e., No. 5, 6, 33.

Responses to Reviewer #2:

1. The quality of logic and presentation of the key idea are not good. The importance and new insight of this work are not impression compared with previous studies.

Response: Please refer to the response #2 to the Reviewer #1.

2. On the section of Conclusion, the main findings, limitations, and authors' recommendations should be present more clearly and comprehensively.

Response: We added the limitations of this study before the Conclusion. And we rewrote the conclusion part as follows: The clinical manifestations and tests of the UESL have low specificity, resulting in the difficulty in preoperative diagnosis and high possibility of misdiagnosis. Multidisciplinary collaboration is recommended for suspected cases. Comprehensive treatment based on complete resection of the tumor is the key for long-term survival. The standards and efficacy of comprehensive treatment need to be further investigated. Please refer to the Conclusion part.

Responses to Reviewer #3:

We appreciate the comments from Reviewer #3. We have no special responses.

Responses to the editorial office:

1. I found no "Author contribution" section. Please provide the author contributions.

Response: Author contribution: Zhang C and Ding Y designed and performed the

research and wrote the paper; Dou XG designed the research and supervised the report; Sheng QJ contributed to the analysis; Jia CJ and Xu C provided clinical advice; All authors have read and approve the final manuscript.

2. I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: We uploaded the funding agency copy this time.

3. I found the authors did not provide the original figures. 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.

Response: We uploaded the original figure documents.

4. I found no abstract , please add the “Abstract” in the manuscript.

Response: We added the “Abstract” in the manuscript.

5. The author should number the references in Arabic numerals according to the citation order in the text.

Response: We confirmed that the references were numbered according to the citation order.

6. No references published in the last 3 years.

Response: We added some references published in the last 3 years.

Response to the issues raised by the science editor:

1. Please specify the full name of each funding source and the corresponding grant number. Insert a semicolon (;) between funds, and end with a period (.).

Response: We updated the name and the grant number of each funding source. The format was revised as required.

2. Please verify whether the supporting documents are consistent with the type and number of funds listed in the manuscript. If not, delete those without supporting documents. Please provide the document of NO. 2016007013.

Response: We are sorry that the No. 2016007013 should be No. 20180550096. We checked the supporting documents, and now they are consistent with the funding source listed in the manuscript. Please note that the supporting document of No. 20180550096 did not specify the grant number, and the funding program is No. 70 in the list.

3. The Conflict-of-Interest Disclosure Form is required from the corresponding author only.

Response: We upload the revised Form.