

9th April 2020

Dear Editor and reviewer/s,

Thank you very much for your letter and all the comments concerning our manuscript entitled "**A rare primary lymphoepithelioma-like carcinoma of the renal pelvis**" (Manuscript NO: 55064). Based on your comments and the reviewer's suggestions, we have carefully revised the manuscript. We are now resubmitting the revised article for your re-consideration to publish in the *World Journal of Clinical Cases*. Please see point to point responses to all your comments below, and corresponding revisions in the body of manuscript are marked in yellow. We look forward to hearing from you and remain hopeful for a favorable decision. Thank you again for your time and consideration.

Your sincerely

Ming Liu

Email: liumingbjh@126.com

Responses to the reviewer's comments:

1st comment: Abstract 1. Page 3, line 50: "which appears to have been the right decision" This expression is subjective and unsuitable for scientific articles. Please modify the phrase.

Response: Thank you for your helpful comment. We have modified the sentence which now reads, "Through patient-practitioner consultations, we decided to adopt a 'watch and wait' approach after radical nephroureterectomy rather than administering chemotherapy." Details please see page 3, line 51-52.

2nd comment: TO THE EDITOR: 1. Page 4, line 71: "To the best our knowledge, clinicians ... rare disease" This statement is correct, but I think it is common sense for clinicians and can be assumed they do this without needing to be stated. Moreover, in the last paragraph of the text, the authors have encouraged urologists to record and report rare cases. Therefore, this statement should be deleted.

Response: We have deleted the sentence, as requested. Details please see page 4, line 72-74. Thanks again.

3rd comment: TO THE EDITOR: 2. Page 5, line 100: “the pathological stage was pT3N0M0, which would usually require chemo- or radiotherapy” There are no guidelines regarding the treatment of LELC of the renal pelvis because of the rarity of the disease. Some studies, including the authors’ previous work, have concluded that patients with LELC of the renal pelvis should undergo radical nephroureterectomy rather than radical nephrectomy as the treatment of choice. In addition, according to other studies, LELC of the bladder has been successfully treated with primary or adjuvant chemotherapy; this suggests that chemotherapy may play an important role in the management of LELC of the renal pelvis. However, to my knowledge, the benefit of postoperative radiotherapy in patients with pT3N0M0 LELC of the renal pelvis has not yet been clearly defined. Please modify the statement for clarity.

Response: As you rightly point out, the benefit of postoperative radiotherapy in patients with pT3N0M0 LELC of the renal pelvis has not yet been clearly defined. Therefore, we have modified the sentence which now reads, “Even though the pathological stage was pT3N0M0, which would usually require chemotherapy, through discussion with our patient we decided not to administer this intervention after RNU.” Details please see page 5, line 102-104.

Responses to the Editorial Office's comments:

Science Editor’s comments: Recommend for potential acceptance.

Response: Thank you for your support and all the works you have done for us. We have revised our manuscript accordingly. The corresponding revisions in the body of manuscript are highlighted in yellow for your ease.

Editorial Office Director’s comments: Recommend for potential acceptance.

Response: Thank you for your support and all the works you have done for us. We have revised our manuscript accordingly. The corresponding revisions in the body of manuscript are highlighted in yellow for your ease.

Company Editor-in-Chief's comments: the manuscript is conditionally accepted.

Response: Thank you for your support and all the works you have done for us. We have revised our manuscript accordingly. The corresponding revisions in the body of manuscript are highlighted in yellow for your ease.

Thanks again for all your support. If you have any further questions please do not hesitate to contact me again.

Best wishes