Dear Editor and Reviewer,
Thank you for your comments and advice. We have revised our manuscript according to your comments. Our responses to the reviewer are listed below.
Reviewer #1:

1. INTRODUCTION: Give the clear aim of the study – why you decided to write, present and publish this case

Response:
Thank you for your suggestion. We have revised our introduction to make the aims of our study clearer. The presently available literature focuses on the diagnosis of UTROSCT and lacks information on the characteristic symptoms and radiological findings of UTROSCT. Here, we report a case of UTROSCT in a 51-year-old woman. An attempt was made to review the literature to elucidate the clinical features, treatment options and outcomes of this rare disease to avoid missing or misdiagnosing the disease in clinical practice.

2. HISTORY OF PRESENT ILLNESS: The patient presented the „red flags" of tumor? Did you ask/measure/assess the patient's activity and participation limitations (see ICF classification) ?

Response:
Thank you for your comments. The patient had irregular menses for 6 months, and she also had pelvic pain and prolonged menstruation. These are common symptoms of UTROSCT. We investigated whether the patient had mild limitations in performing life activities and societal participation, congruent with the domains on the International Classification of Functioning, Disability, and Health (ICF). We have revised the text to address your concerns and hope that it is now clearer.

3. OUTCOME AND FOLLOW UP Please give the information about the examination performed during the follow-up visits, also how many times the patient had follow-up visits. Once again, what about the activity and participation improvement? Any quality of life scale/questionnaire was used?

Response:
We gratefully appreciate your valuable suggestion. The patient was followed up every 3 months, and each follow-up examination included a medical history, a physical examination, comprehensive biochemical tests, a chest CT, a vaginal ultrasound and a routine blood examination. In addition, abdominal CT was performed every 6 months for 58 months after surgery, and no signs of recurrence or metastasis were detected. We also investigated good improvement of the patient in performing life activities and societal participation.

4. DISCUSSION The diagnosis of UTROSCT is incredibly tough. The

symptoms might vary among patients and do not seem to be typical in some cases. Therefore, it is easy to miss or misdiagnose the disease. Common symptoms of UTROSCT include postmenopausal bleeding (33.9%), abnormal menstruation (33.9%, menorrhagia and extended menstruation) and pelvic pain (18.6%)." – please give the reference(s) here „Ultrasound (US), computed tomography (CT) and magnetic resonance imaging (MRI) are useful for detecting UTROSCT." – please give the referene(s) here and also (if possible) the reliability and sensitivity of these examination methods.

Response:

Thank you for your rigorous consideration. We have cited related literature in the proper place of the revised manuscript. There are few reports in the literature on UTROSCT imaging. Therefore, regretfully, we are unable to provide the reliability and sensitivity of these screening methods at this time; this will be the subject of additional future analysis.

5. CONCLUSION "The aim of this study was to elucidate the clinical features of UTROSCT to avoid missing or misdiagnosing the disease in clinical practice." – conclusion section is not the place for the describing the aim of the study

Response:

Thank you so much for your careful check. We have revised the text to address your concerns and hope that it is now clearer. We report a case of UTROSCT with abnormal menstruation as a symptom, which is one of the most common symptoms of UTROSCT. In patients with vaginal bleeding, ultrasonography can be used as a screening test because of its convenience, speed and lack of radiation involvement. For patients with long-term tamoxifen use, routine monitoring of the endometrium is recommended. Since UTROSCT may have low malignant potential, surgery remains the primary management strategy. Additionally, fertility preservation in patients of childbearing age is a vital consideration.

We acknowledge the reviewer's comments and suggestions very much, which are valuable in improving the quality of our manuscript.