

Dear Reviewers,

Thank you so much for your time and considerations, I am very grateful for your comments on the manuscript.

Following your advice, we have amended the relevant parts in the manuscript. Please find your questions answered below.

To the first reviewer's response:

1. For line 17 page 7, we had said that boundaries of the tumor were unclear, this is perhaps due to not being a native speaker and thus not using the most suitable terminology. In fact, such tumours grow for a long time before they become so large and occupy the thoracic cavity which compresses other tissues and cause some tissues to stick together over a long period of time, thus making the boundary adhesions. It was mentioned in the article that the tumour envelope is rich in blood supply and that in order to avoid causing uncontrollable bleeding due to rupture of the tumour envelope, partial resection of the lung tissue was undertaken.

2. For lines 3,4 et 5 page 8, PET computed tomography was in fact unnecessary as noted by the reviewer and has been removed from the manuscript.

3. The reviewer raised a very good question, which we had previously overlooked, about intraoperative bleeding and blood transfusions. As the operation was divided into two parts, with the thoracic surgeon removing the tumour from the chest first which caused bleeding of approximately 150ml, and the spinal surgeon removing the remaining tumour completely which caused bleeding of approximately 800ml. The enlightenment from this surgery was that tumour embolisation should have been performed preoperatively so that the bleeding could have been greatly reduced during the subsequent surgery. For the entire operation, we performed a blood transfusion of 1000 ml.

4. For the outcome and quality of life short form scores, we gave the supplement SF-36. Half a year after surgery, the Visual Analog Scale score decreased from 6 to 1, and the SF-36 score increased significantly after surgery (Table 1).

	Preoperative	6 months after surgery	2 years after surgery
Physical function	45	60	75
Physical restriction	0	0	25
Bodily pain	0	40	30
General health	0	25	57
Vitality	20	50	65
Social function	25	62.5	87.5

Emotional restriction	0	33.3	66.6
Mental Health	25	52	76

Table 1.

To the second reviewer's response:

1、 With regards to the background and summary section, we agreed with the reviewer's advice and followed it to include the additional information as it is an important aspect. Surgical resection is the only effective treatment. Because of the extensive tumor involvement and the many important surrounding structures, the tumor needs to be fully exposed. Most of the tumors are completely removed by posterior combined open-heart surgery to relieve spinal cord compression, restore the stability of the spine and maximize the recovery of nerve and spinal cord function.

2、 Regarding the most common sites of Schwannoma, we have followed the advice and added as requested, as well as amending the description of inaccurate sites. The main sites of disease are the relatively superficial areas of the head and neck, trunk, and extremities. The spine is also the most common clinical site, accounting for approximately 25% of spinal tumors. The tumor is usually located in the epidural area and rarely invades the subdural area along the nerve roots.

3、 As suggested by the reviewer, we have added some information about the patient's post-operative recovery and given the SF-36 quality of life score to the Outcome and follow-up. Postoperatively, the patient was observed in the hospital for 2 weeks without complications and was discharged with instructions to rest for 3 months, wear a neck and chest brace and move around moderately to avoid trauma. Half a year after surgery, the Visual Analog Scale score decreased from 6 to 1, and the SF-36 score also significantly increased after surgery (Table 1).

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4、On points 4 and 5, we sent the manuscript to the magazine's suggested touch-up company to make linguistic changes to the entire manuscript.

Finally, the reviewers' feedback and comments have been very constructive and helpful to us. Through this work, we will be better prepared for our clinical and thesis writing in the future. We would like to deeply thank the reviewers for their advice.

Kind regards,

Yu Zhou