

Reviewer #1: Please elaborate more on the unique findings in the current report in comparison with the previous similar reports.

Response #1:

Thank you for reading our paper carefully and giving us the necessary advice.

'Table 1' summarizes the cases reported thus far with liver metastasis of leiomyosarcoma originating from the colon. Leiomyosarcoma is often asymptomatic, and in three of the leiomyosarcoma cases, synchronous liver metastases were already identified at the time of diagnosis. In the remaining one case, metachronous liver metastasis was discovered 2 years after the primary surgery. Our case had a rare colon origin among leiomyosarcomas, and it is noteworthy that it was a metachronous single liver metastasis, discovered 11 months after the primary surgery during the follow-up. In addition, the patient has maintained a disease-free state for 52 months after surgery.

Table 1. Primary leiomyosarcoma of the colon with liver metastasis

Case No.	Sex/Ag	Primary cancer location	Liver metastasis location	Synchronous/ Metachronous	Treatment for metastasis	Overall survival (years)
1	F/74	Descending colon	S5,6	Synchronous	Segmental hepatectomy with lt. hemicolectomy	0.8
2	F/68	Ascending colon	Multiple lesions in rt. lobe	Synchronous	Rt. hepatectomy with rt. hemicolectomy	3
3	F/24	Sigmoid colon	Multiple lesions in rt. lobe	Synchronous	Rt. hepatectomy with lt. hemicolectomy	3.5
4	F/47	Rectum	Two lesions in rt. lobe	Metachronous	Rt. hepatectomy	11

Reviewer #2: First, Leiomyosarcoma (LMS) rarely originates from the colon; page 8 end of second paragraph treatment of revise treatment of. Second, Leiomyosarcoma (LMS) rarely originates from the colon treatment standard should be more specific. Third, pathological specimens should be displayed after surgery.

Response #2:

Thanks for the time and effort taken to read our paper carefully and for your valuable advice; we believe that our paper has improved considerably based on your comments.

(1) Leiomyosarcoma (LMS) rarely originates from the colon; page 8 end of second paragraph treatment of revise treatment of.

Response: We apologize for this error, it was an oversight. We have corrected the sentence as you mentioned.

(2) Leiomyosarcoma (LMS) rarely originates from the colon treatment standard should be more specific.

Response: As you mentioned, it was difficult to establish a standard treatment because the number of cases is very small. In LMS of the extremity, a site where LMS is commonly found, resection of resectable metastasis is recommended even if it is an advanced cancer. Therefore, in the case of liver-only metastasis without metastasis to other organs in LMS of gastrointestinal origin, it is advantageous to consider surgical resection if resection is possible, according to the liver volume and

functional status, regardless of whether it is synchronous or metachronous, or the number of metastases. Therefore, we revised the conclusion to be more specific.

(3) Pathological specimens should be displayed after surgery.

Response: The pictures of the pathological specimen after the primary surgery have been added to the text as Figure 3 and a picture of the pathological specimen after the liver resection was added in Figure 5.