

Dear Editor,

We would like to thank the reviewers for the careful and thorough reading of this manuscript and for the thoughtful comments and constructive suggestions, which helped improving the quality of this manuscript.

The comments were few and minor. All the modifications have been performed adequately.

Reviewer 1

Q1 Topic is new and interesting.

A1 Thank you

Q2 Some of treatment modalities in STS are not mentioned at all like Trabectedin

A2 Done. We mentioned now in the text the following “It is also noteworthy the promising results encountered with Trabectedine in the adjuvant and neoadjuvant settings of patients with myxoidliposarcomas” and “For patients with unresectable or metastatic disease, the management plan is limited to a palliative approach with Trabectedin or Ifosfamide and Doxorubicin based chemotherapy.” We did not report more information on Trabectedine as it is a cytotoxic drug that does not fall in the scope of our paper.

Q3 A lot of new trials and data is coming out now on this subject

A3 We totally agree with the Reviewer. We added the published abstracts from ASCO 2016

Q4 The language need refinement and polishing

A4 Done. The paper has been reviewed by a native English speaker

Reviewer 2

Q1 The short review on immunotherapies in sarcoma was interesting to read

A1 Thank you

Q2 Introduction, “Unfortunately, adjuvant chemotherapy is of little benefit except for...” osteosarcoma is missing, as well as trabectedin for myxoidliposarcomas.

A2 Done. The recommended modifications are adjusted accordingly “Unfortunately, the benefits of adjuvant chemotherapy are limited to rhabdomyosarcomas, osteosarcomas and Ewing’s sarcomas. It is also noteworthy the promising results encountered with Trabectedine in the adjuvant and neoadjuvant settings of patients with myxoidliposarcomas (11). In case of advanced and recurrent sarcomas, induction regimens include Cyclophosphamide and Ifosfamide, Vincristine, Doxorubicin, Dactinomycin, and Etoposide (12). For patients with unresectable or metastatic disease, the management plan is limited to a palliative approach with Trabectedin or Ifosfamide and Doxorubicin based chemotherapy (13,14).”

Q3 Please add “neo-/adjuvant” – as chemo for bone sarcomas is pre- and postop in nearly all cases

A3 Done. We added the following “The role of adjuvant and neoadjuvant chemotherapy in the management of soft tissue sarcomas is yet to be clearly established. The actual recommendations by NCCN and ESMO are to address this issue on a case by case basis according to the patient's performance status, comorbid factors, disease location, tumor size, and histologic subtype”.

Q4 Please discuss the controversies on Mifamurtide

A4 Done. We added the following “The proof of the immunotherapy concept in sarcomas has been undoubtedly validated with the benefits encountered upon the use of liposomal muramyl-tripeptide-phosphatidyl-ethanolamine, an immunoactivator agent derived from BCG. However, its role remains controversial in view of the discordant results between the preliminary data and final results in both the adjuvant and metastatic setting.”

Q5 Please check the most recent publications on this topic (2016)

A5 We totally agree with the Reviewer. We added the published abstracts from ASCO 2016

Reviewer 3

Q1 The article is well written, the references current and up to date, and the language acceptable. The present review therefore can be accepted for publication as submitted.

A1 Thank you.

King regards.