

## **ANSWER TO THE REVIEWERS**

- 1)** A table comparing the useful features separating MGH from MGA, has been added
- 2)** Update reference and discussion from the old WHO classification to the 5<sup>th</sup> edition, has been added (references 6 and 7). According to the revised 5<sup>th</sup> edition of WHO Classification of Female Genital Tumours, mucinous carcinoma is not included as a separate type 1 carcinoma type, but has been incorporated in the endometrioid type, as endometrial carcinoma with mucinous differentiation (Discussion, page 7, lines 5-9)
- 3)** PAX2 may be helpful, if there is loss of expression in the lesional epithelium, as this result would favor the diagnosis of MGA (ref 17: Stewart CJ et al, Int Gynecol Pathol 2015;34:90-100). The above article has been added in the discussion. (Discussion, page 9, lines 18-19)
- 4)** Repeats have been integrated and discussion has been shortened. 1. The flow of the case summary is in order. 2. 'The woman underwent TAH & BOO' has been corrected (it is not repeated twice). 3. There is no LN status. 4. Follow up period has been mentioned ('The patient is well 15 mo after surgical treatment', OUTCOME AND FOLLOW-UP, page 5, lines 9-11).
- 5)** 'associated with pregnancy and oral contraceptive use' has been corrected (not repeated twice)
- 6)** MGA, is the main differential and the one of clinical interest. There is also mentioning on differential diagnosis from benign mucinous proliferations of the endometrium (Discussion, page 9, lines 24-27)
- 7)** Repeats have been corrected.
- 8)** Figures have been diminished.
- 9)** 'There is no clinical significance to MGH-like features in an endometrioid carcinoma. The significance is purely to pathologists concerning the differential diagnosis in biopsy or curettage specimens, because under-sampling of this type of tumor may lead to hypo-diagnosis of MGA'. (Discussion, page 10, lines 27-30)
- 10)** IHC markers specific to each subtype have been incorporated and listed in the table comparing the MGH and MGA.

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