

**Reviewer 02441744:**

Thank you for your kind comments. I agree that it is important to learn by recognising scenarios which could have been managed better in hindsight.

**Reviewer 03563654:**

Thank you for your suggestions. In response to your questions:

- 1) The patient died following the 2<sup>nd</sup> operation. This is mentioned at the end of the “Outcome and Follow-up” section of the manuscript.
- 2) I have found the two studies that you referenced. The first one is from *The Breast Journal* and concerns a milk fistula from accessory breast tissue in the axilla. The second one is an editorial letter from the *European Journal of Breast Health* and is about a positive axilla in breast cancer. Unfortunately neither of these mentions any intra-abdominal pathology or Mixed Malignant Mullerian Tumour so I have been unable to make any changes to my manuscript based on these papers.

**Reviewer 02728559:**

Thank you for taking the time to review my manuscript.

- 1) I have included more information in the Introduction (background) about extragenital MMMT as you have suggested.
- 2) I have re-processed the images to make the labelling arrows shorter and more ‘delicate’. Regarding the histology slides, none of the sections are from the same slice and therefore side-by-side comparison may not be possible (since the included pictures are from different parts of the specimen). Unfortunately, due to the amount of time that has passed between specimen processing and now, it is not possible to re-process and re-stain new slides from the same part of the operative specimen for direct comparison.
- 3) I agree that it would have been good to have a ruler next to the specimen. However, this is unfortunately no longer possible. The fresh specimen has been fixed in formalin and already sliced up into pieces to provide the histological slides.

I have also uploaded an additional file with the pictures and movable parts (e.g. arrows) in Powerpoint format (Pictures.ppt) so that you can edit the labels further if needed.

Thank you again for your comments and suggestions.

Yours sincerely,

Dr. Allan Kwok

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