

## Peer Review File

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### Reviewer A

Thank you for your precious comments and advice. Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches.

**Comment 1:** Was the patient a cigarette smoker?

**Reply:** Thank you for your comment. The patient is not a cigarette smoker.

**Changes in the text:**

Page 3-4, line 68-74: **The patient had no history of smoking or alcohol consumption.**

**Comment 2:** Hoarseness is one of the most common symptoms of tracheal ACC. Results of symptom diagnostics from 2 years ago are not available, but was a bronchoscopy performed before surgical treatment qualification?

**Reply:** Thank you for your comment. After further discussion with the patient's family and review of the medical records, it was revealed that the patient had undergone a laryngoscopy with a local hospital two years earlier. Laryngoscopy revealed vocal cord paralysis, the details of which were unknown. The patient also underwent a bronchoscopy before surgery. The results showed bilateral vocal cord paralysis and a new bulge in the upper tracheal segment.

**Changes in the text:**

Page 2, line 60-62: **The patient presented to a local hospital two years ago with hoarseness, and laryngoscopy revealed vocal cord paralysis, the details of which were unknown.**

Page 5, line 99-100: **Bronchoscopy revealed bilateral vocal cord paralysis and a new bulge in the upper tracheal segment.**

**Comment 3:** The TNM classification of tracheal tumors is not available, but there are several proposals. What is the suggested stage of advancement in the presented case? How was the resectability of the tumor assessed?

**Reply:** We deeply appreciate your comment. The clinical stage of the patient is T4NxM0. The assessment of tumor resectability mainly depends on preoperative CT examination and the clinical experience of the surgeon.

**Changes in the text:**

Page 5, line 110: **The clinical stage of the patient is T4NxM0.**

**Comment 4:** Was the surgery radical?

**Reply:** We appreciate your comment. Thank you for your comment. This was a radical operation, and postoperative pathology showed negative tumor margins.

**Changes in the text:**

Page 5, line 111: The patient underwent **radical** tracheal tumor resection and total

thyroidectomy.

**Comment 5:** Where in the diagnostic scheme of tracheal ACC do you see a place for ultrasound examination? Should it be performed on every patient qualified for surgery? Can the results of the examination influence the decision on resectability?

**Reply:** We are very grateful for your comments. We believe that preoperative thyroid ultrasound examination is helpful to identify whether TACC has invaded the thyroid. However, whether TACC is resectable or not is mainly determined by preoperative CT examination and the operator's experience. This case describes TACC with thyroid invasion manifested as sonographic features of thyroid tumors. It is meaningful for sonographers to think of TACC with thyroid invasion and suggesting patients to take further examination. Because ultrasound examination of the thyroid is increasingly used.

### **Reviewer B**

Thanks very much for taking your time to review this manuscript. We really appreciate your generous comments and suggestions.

**Comment 1:** In the discussion (lines 122-124) I consider it useful to include interesting reports of tracheal lesions mimicking thyroid lesions like this recently published (Famà, F., Pino, A., Cavallari, V., Fadda, G., Ieni, A., Dionigi, G (2022). Granular cell tumor of the trachea mimicking an infiltrating cancer of the thyroid. A case report. International journal of surgical cases, 94, 107031) expanding the description of the various histotypes of tracheal lesions that can present as thyroid-like lesions.

**Reply:** We are grateful for the suggestion. We have added this case report to our discussion.

### **Changes in the text:**

Page 7, line 143-144: **Both TACC and granulosa cell tumors can mimic thyroid tumors(11).**

Page 12, line 277-278: **11. Famà F, Pino A, Cavallari V, et al. Granular cell tumor of the trachea mimicking an infiltrating thyroid cancer. A case report. Int J Surg Case Rep 2022;94:107031.**