Peer Review File

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Reviewer Comments

[Abstract Section]

Comment 1: Line 32-37

You can simply write that there were no CARB symptoms, no free light chain, and no increase of more than 10% of plasma cells on bone marrow examination. It is not necessary to mention in the abstract about excluding infection disease.

Reply 1: we have modified our text as advised, please see page 2 line 23-25.

Comment 2: Line 37 Her symptoms did not improve with antibiotic treatment.

→the sentence does not need to write.

Reply 2: we have modified our text as advised, please see page 2 line 25.

Comment 3: Line 37-39

CT scan revealed a tumor in the left adrenal region, and it was considered to be a solitary extramedullary plasmacytoma on biopsy.

→Please revise. “considered”→diagnosed

Reply 3: we have modified our text as advised, please see page 2 line 25.

Comment 4: Line 41-42

It should be clearly written that the patient has not experienced a recurrence.

Reply 4: we have modified our text as advised see page 2 line 27.

Comment 5: Line 45-47

Based on just only a single case report, why you can conclude that surgical treatment is an intent-for-cure treatment.

Reply 5: First of all, the treatment we concluded to be intent for cure is only specific to extramedullary plasmacytoma of adrenal gland and not include other categories of plasma cell neoplasms. Secondly, our conclusion is not only based on our case, it’s true

that we get the desired results from surgery but multiple treatment options are available including surgery combined with radiotherapy or chemotherapy etc. while searching literature for all available cases of extramedullary plasmacytoma of adrenal gland (9 cases in total) 8 out of 9 cases underwent surgery alone or with addition to some other kind of treatment. Only one case has been treated with chemotherapy and stem cell transplant as mentioned in table 1 in the manuscript. So, keeping these realities in mind we consider surgery is mainstay of treatment for SEP of adrenal gland.

Changes in the text: No change

[Introduction]

Comment 6: It would be better to first present the incidence of multiple myeloma and then present the percentage of solitary extramedullary plasmacytoma that is a variant of multiple myeloma.

Reply: we have modified our text as advised, please see page 4 line 37,38.

Comment 7: Line 52-55

For the classification of plasma cell neoplasm, it is better to refer to the WHO classification.

Reply 7: we have modified our text as advised, please see page 4 line 33-36.

Comment 8: Line 54-59

It would be easier for the reader to understand if you first present the frequency of plasmacytoma (1) and then present the common site of occurrence. (2)

Reference

1. Varettoni M, Corso A, Pica G, Mangiacavalli S, Pascutto C, Lazzarino M. Incidence, presenting features and outcome of extramedullary disease in multiple myeloma: a longitudinal study on 1003 consecutive patients. Ann Oncol. 2010;21(2):325-30.

2. Avivi I, Cohen YC, Suska A, Shragai T, Mikala G, Garderet L, et al. Hematogenous extramedullary relapse in multiple myeloma - a multicenter retrospective study in 127 patients. Am J Hematol. 2019;94(10):1132-40.

Reply 8: We have modified our text as advised see page 4 line 39-41 by presenting the frequency of plasmacytoma first followed by the sites of occurrence but unfortunately, we could not place the references because both papers have discussed about the EMP

in MM patients. The papers are not solely about extramedullary plasmacytoma. The first paper Varettoni et al. even excluded the patients with solitary plasmacytoma and the second paper Avivi et al. have talked about the sites of extramedullary plasmacytoma occurrence secondary to multiple myeloma while we have mostly focused on SEMP cases excluding patients with systemic disease e.g. multiple myeloma.

[Case presentation]

Comment 9: Line 73-80

It would be better to briefly write that normal hematopoiesis was observed and that there was no increase of more than 10% in plasma cells.

Reply 9: We have modified our text as advised, please see page 5 line 49,50.

Comment 10: Line 107-114

It would be better to briefly write that normal hematopoiesis was observed and that there was no increase of more than 10% in plasma cells.

Reply 10: We have modified our text as advised, please see page 6 line 66.

Comment 11: Line 119

What is BD?

Reply11: BD or BID bis in die is two times daily but we have changed it in the manuscript to 12 hourly. We have added some data, please see page 6 line 70.

Comment 12: Line 120

What is TDS?

Reply12: TDS is ter die sumendum as three times daily but we have changed to 8 hourly in manuscript. We have added some data, please see page 6 line 70

Comment 13: Line 175-180

It would be better to briefly.

For example

CD38(-), CD138(+), Kappa (+), Lambda (-), IgA (+++), IgG (+++), IgM (+), Ki-67(15%+)

Reply 13: We have modified our text as advised, please see page 9 line 103,104.

[Discussion]

Comment 14: The discussion should focus on the characteristic point of the present case when compared to the nine cases that have already been reported. As this is the tenth case report, I think it is not enough for discussion to just mention that the patient was young.

Reply 14: The features for SEP has been described throughout the manuscript at multiple places but peculiar sign and symptoms compare to the other cases reported before in literature have been mentioned in discussion section page10,11 line 120-123. 5 out 9 cases in table 1 in manuscript were incidentaloma but few had symptoms like back, flank or hip pain. None of those patients had weight loss, irregular fever, anemia and hepatosplenomegaly which are peculiar to our case. However, based on the expertise of the reviewers, we warmly welcome any future suggestions regarding the discussion section.