

Peer Review File

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Reviewer A

Both case reports were interesting to read, they encompass state-of-the-art treatment protocols and recent developments in the systemic treatment of soft tissue sarcomas. Before publishing, however, I would like to invite the authors to rethink some text passages / correct some statements / provide additional information, especially as both cases should be regarded as “teaching cases”:

Case 1

1. Please provide images – radiology & histology & fusion analysis.

Response: Radiology images have already been included in Figure 1.

Unfortunately, histology and fusion analysis images are not available due to logistical reasons.

2. you describe at the beginning the detection of a. a right gluteal mass; b. a left thigh mass; and c. a left proximal femur lesion (!). Why has this lesion not been treated? This lesion re-emerges in line 74 – “with a new metastasis in the left intratrochanteric femur”. Why “new”? It has been described already in line 56!

Response: The differential diagnosis for the left proximal femur lesion described initially was unclear and included metastatic disease versus benign lesion such as hemangioma or fibrous dysplasia. As it remained stable on follow-up imaging, our radiologist favored benign disease. The new metastasis mentioned in Line 74 was posterior and superior to the original lesion and therefore considered discrete from the one previously described.

Changes in the text: We have clarified this in the manuscript text in lines 56-57 and 76-77. We deleted the word “new” in line 76 to avoid confusion.

3. Grading – please provide a grading / high grade / low grade?

Response: The tumor was high grade. Changes in the text: This has been added in Line 58.

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Case 2

4. follow-up – what is the follow-up of the patient after primary diagnosis? And How long has the patient been stable on the treatment with epirubicin? (line 243)

Response: After primary diagnosis, the patient was referred to our hospital within a month. Under our care, the patient received active treatments and was followed very closely during this time. Since starting epirubicin (last treatment), the patient's disease burden has been stable now for 4 months at the time of initial manuscript submission. This is 18 months since initial diagnosis.

Changes in the text: We added “Within one month of initial diagnosis, the patient was referred to our hospital for further treatment” in Lines 229-230. We added that the patient remains stable with eribulin treatment ongoing at 18 months since diagnosis in Lines 249- 251.

5. operation of the left humerus – R0 resection or palliative stabilization? Line 230

Response: The operation performed was a palliative stabilization of the humerus for impending fracture. **Changes in the text:** The word “palliatively” has been added to Line 237.

6. Please provide histological images

Response: Histological images have been added as Figure 3. **Changes in the text:** Figure 3 added with images of hematoxylin and eosin stain and TFE3 immunohistochemical stain.

Reviewer B

The authors show the cases of Myxoid Liposarcoma and Alveolar Soft Parts Sarcoma in AYA generation. These findings are important due to its rarity of soft tissue sarcomas in AYA generation. The contents are poor and I have some concerns.

Major concerns;

1. Please describe the side effects in Table.

Response: The major toxicities experienced by our patient (elevated liver enzymes and hypothyroidism) are described in the case (Lines 71-82). All

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potential side effects of the medications mentioned may be found in any standard drug reference or package insert. **Changes in the text: none**

2. In line 64: Which is the neoadjuvant radiotherapy performed after surgery or before surgery?

Response: By definition, neoadjuvant therapy is given before surgery. Changes in the text: none

Minor concerns;

3. In Line 350: "options was" is should be revised to "options were".

Response: The correction has been made. Changes in the text: “was” has been changed to “were” now in line 360.