FPeer Review File

Article information: http://dx.doi.org/10.21037/cco-20-209.

1. “However, there are significant grammatical errors and phrasing awkwardness which detract from the utility of the paper. The paper does not read well because of this.”
Reply: the text was completely re-read and corrected by AJE “Américan Journal Expert” certificate available and joined to the submission

2. “Whereas the radiotherapy adding to surgery is controversial”- phrasing is awkward.
Reply: phrase was rewriting.

3. “gross tumor resection seems challenging to reach, obtained with rates ranging between 54 and 67% [6]. - The article by DeAmorin et al states that negative margins are rare. But R1 resections are considered gross tumor resection too. I would change the phrasing to “Resections with negative margins are challenging to achieve”
Reply: according to the relevant proposal of the reviewer, phrase was rewrote

4. “When a sarcoma is suspected to be a sarcoma”- Redundant, suggest change to “When a sarcoma is suspected.”
Reply: phrase was rewrote

5. “Marginal or incomplete (R1 or R2) resection has been reported in up to 50% of the patients treated with curative intent. In these patients, local relapse appeared in 2/3 of them even though local failure rose to half of the patient after complete resection [29].”- I would consider R0 and R1 resection to be acceptable for RPS. R2 should be avoided as much as possible. In Gronchi’s sarculator nomogram, R0 and R1 are regarded the same, without any distinction.
Reply: thank you for this argument to consider R1 and R2 separately, the reference of Gronchi’s serculator to combine R0 and R1 is very relevant and we added the proposal of the reviewer in the manuscript

6. “In the postoperative incomplete resection situation, the peroperative implementation of metallic clips, by the surgeon, in the R1 areas, dramatically helps the radiation-oncologist to delineate these locations and to prescribe increased doses.”- A note should be made that adjuvant RT is not favored. This is in line with most major international recommendations.
Reply: we completely agree with the note of the reviewer. We added an advice specifying that this condition should be an exception.

7. A note should be made that it is not infrequent for RPS to enlarge during neoadjuvant RT, sometimes even resulting in patients being rendered inoperable. This was also mentioned in the STRASS trial. This is a major drawback of neoRT in RPS.
Reply: we already noted page 16 that there was some tumor increasing during the sessions of treatment. But we added the fact that is a drawback and added a part of discussion of the consequence in the STRASS trial of these observations.

8. A small paragraph should be dedicated to the utility of palliative RT in RPS. doi:10.1016/j.ijrobp.2005.03.004
Reply: according to the reviewer advice, a paragraph was added to describe this option. Proposed reference was added.

9. “However, remains the issue of quality of life that was rarely assessed” - Philip Wong et al did publish a paper on QOL in RPS patient. DOI: 10.7759/cureus.1764
Reply: correction to balance our sentence was added with the advised reference.