Peer Review File

Article Information: https://dx.doi.org/10.21037/tau-22-179

Reviewer A

I believe it is important to add figures with intraoperative details.
I would like to congratulate the authors for their very interesting case report. I believe it could be suitable for publication, if the authors are able to add some figures with the intraoperative technique for eg. how they isolated the cord, whether they had ischemia time, how did they enucleate the tumor etc...
Reply: *We would like to thank the reviewer for his/her comment. We have added a cumulative picture of the intraoperative steps (Fig 4.)*

Moreover, we have modified the manuscript accordingly:
Changes in text: Page 3, lines 77-83: *"An inguinal incision was performed, the spermatic cord was bluntly dissected and isolated with the use of a vessel loop, which was tied around the cord, starting the ischemia time. The gonad was exteriorized, tunica vaginalis and albuginea were incised and opened in sequence. The mass was localized by intraoperative ultrasound and visualized by gently displacing the parenchyma. The lesion was then enucleated and entirely sent for intraoperative histopathologic examination. The tonaca albuginea was closed and the testis was reinserted in the scrotum, at the same time performing an orchidopexy (Fig. 4). Overall ischemia time was 13 minutes."*

Reviewer B

In this case, the resulting testicular tumor was pathologically diagnosed as MGST, a benign tumor. However, MGST is a rare disease, and it is difficult to actively suspect it and deny malignancy before surgery. Therefore, the first choice of treatment is considered to be orchiectomy rather than testicular sparing surgery. Based on these considerations.
1) Did the author fully explain the possibility of malignancy to the patient?
Reply: *We would like to thank the reviewer for his/her comment. Yes, the patient was fully informed regarding the possible change of indication to a radical orchiectomy.*
Changes in text: Page 3, lines 74-76: "*The patient was informed of the risk of radical orchiectomy in case of intraoperative aspect or frozen section pathology report highly suggestive for malignancy and salvage radical orchiectomy if the final pathology report would be conclusive for malignancy."*
2) Intraoperatively, before enucleation of the tumor, was the testicular vessels were clamped to prevent hematogenous dissemination?
Reply: *We would like to thank the reviewer for his/her comment. Yes, the testicular vessels were clamped to prevent hematogenous dissemination. Overall ischemia time was 13 minutes.*
Changes in text: Page 3, line 77-79: *"the spermatic cord was bluntly dissected and isolated with the use of a vessel loop, which was tied around the cord, starting the ischemia time."*

Page 3, line 83: *"Overall ischemia time was 13 minutes"*

3) If the results of the rapid pathology diagnosis indicate the possibility of removal, was a preoperative evaluation of testosterone levels and semen analysis performed? If so, please describe the test data. If not, please explain why not.

Reply: We would like to thank the reviewer for his/her comment. Indeed, a preoperative evaluation of testosterone levels and semen analysis were performed.

Change to the text: Page 3, lines 73-74: *"Moreover, testosterone levels and semen analysis were performed: testosterone was 493 ng/ml; semen analysis did not show any significative alteration".*

4) P5 L127: EAU guidelines state "With testis-sparing surgery a local recurrence rate of XX% has been reported although no adjuvant treatment It says "options can be recommended" but not "testis sparing surgery is the treatment of choice in the absence…". Please describe it accurately.

Reply: *We would like to thank the reviewer for his/her comment. We have modified the manuscript accordingly.*

Changes in the text: Page 5, lines 136-138: *"According to EAU guidelines18 regarding the management of both Sertoli and LCT, testis sparing surgery should be recommended in absence of risk factors for a higher metastatic potential"*

Minor point

5) P3 L63 and Fig 1c: According to Dubin and Amelar's diagnostic criteria for varicocele, Grade is up to 3. Please correct it.

Reply: *We would like to thank the reviewer for his/her comment. We have modified the manuscript accordingly.*

6) p3 L71: Please add the reference value.

Reply: *We would like to thank the reviewer for his/her comment. We have modified the manuscript accordingly.*

Changes in the text: Page 3, lines 71-72: *"Serum tumor markers were evaluated and resulted to be within normal limits: LDH was 162 IU/L (n.v. 105-333), β-hCG was < 0.5 IU/L (n.v. <2 IU/L) and AFP was 2.4 ng/ml (n.v. 0-8 ng/ml)."*

7) p4 L98- Please only describe, not compare, as previous reports are not very meaningful to compare with median age or tumor diameter due to the small number of cases and high heterogeneity of the cases.

Reply: *We would like to thank the reviewer for his/her comment. We have modified the manuscript accordingly.*

Changes in the text: Page 4, lines 107-111: *"Considering clinical-demographical features and according to the above-mentioned series, median age of patients with MGST resulted to be 32 years old. As reported in literature, this tumor can often appear as an asymptomatic mass without any sign of inflammation or pain7,12. In our case, the patient came to medical observation with symptoms, but they were more likely to be related with a high grade left varicocele."*

8) There are many typos. P2 L50 "mayoccur" L54 "diagnosisand" L68 "mm 6" L77 "a6mm". Correction.

Reply: *We would like to thank the reviewer for his/her comment. We have modified the*

manuscript correcting the typos.

Reviewer C

This is a nice case report of a rare benign testis tumor type and testis sparing surgery. Unfortunately, it is not unique nor does it necessarily provide new information regarding small benign testicular masses. Further editing for improved English/grammar and flow would also be helpful.

Reply: *We would like to thank the reviewer for his/her comment. As described in the manuscript, we described an atypical presentation of this form of tumor. Despite not being a new pathological entity, we propose a less invasive strategy that could be of benefit for urologists encountering this tumor for the first time.*

We have reviewed the English of the manuscript in order to improve the flow and correct the grammar.