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Peer Review File

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Reviewer A

The paper by Doctor Belén and coworkers deals with a very rare tumor (primary mediastinal germ cell cancer). I would suggest to deeply check English language. Some modifications are needed (apart from language):

1) The term adjuvant is totally inappropriate in the context the Author mention including the abstract. Adjuvant is not the treatment for relapse. Please change.

Reply 1:

The autors was correct the text.

Changed in the text:

Line 49 **(*Abstract):*** "Chemotherapy was indicated in 33.3% of the male population due to relapse. The median follow-up was 36 months (range 1-95)."

Lines 84-85 **(*Background):*** "Multimodal treatment includes platinum-based chemotherapy, followed by surgery, and then chemo or radiotherapy***."***

Lines 118-121 ***(Results):*** "Chemotherapy treatment was indicated in 33.30% of the male population due to relapse in the subsequent months. The most widely chosen chemotherapy was BEP (Bleomycin, etoposide, platinum), followed by VIP (vinblastine, ifosfamide, etoposide)" .

Line 157 ***(Discussion):*** ***"***and 18.75% required postoperative treatment, all male"

Line 163-164 ***(Disussion):*** "Despite this, in our series the most widely used therapy was BEP without evidence of adverse effects."

2) There are seven female all with teratoma. The Authors need to better discuss regarding this point (i.e.full histology). Are these tumors comparable with the male teratoma cases? Was chemotherapy given to male teratoma cases?

Reply 2:

All this answers above are added to the results**.**

Changed in the text:

Lines 107-109 ***(Results)***: "The most common diagnosis was mature teratoma in seven women and five men. The rest were yolk sac tumor, semimona and mixed tumor. No statistically significant differences were found in the histological distribution by gender."

Line 114- 117 ***(Results)*** "No woman in the series received treatment before or after surgery, while 88.9% of the men received neoadjuvant treatment for presenting tumors with invasion or intimate contact with neighboring structures (p = 0.001). In the subgroup of teratomas, all male patients rised tumor markers and required neoadjuvant treatment BEP, VIP or CDDP platinum based."

3) I would suggest to add a reference published in Sem Oncol 2019 as the most recent review (Rosti et al) on primary mediastinal tumors.

Reply 3:

The authors added suggested bibliography.

Changed in the text:

Lines 171- 173: "Rosti et al, in your recient review concluded that prospective studies are required, with an international database, since for the moment they should be treated like the rest of germ cell tumors due to the scarce knowledge of this pathology."

Lines 246- 248: "13. Giovanni Rosti, Simona Secondino, Andrea Necchi, Giuseppe Fornarini, Paolo Pedrazzoli. Primary mediastinal germ cell tumors. Seminars in Oncology. Volume 46, Issue 2, April 2019, Pages 107-111."

4) Four patients had also primary gonadal tumors. The percentage (25%) is higher than the expected. The Authors should confirm that these cases had real primary anterior mediastinal disease...

Reply 4: the authors revised this point.

Changed in the text:

Lines 110-113 ***(Results)***: "Four patients had a gonadal tumor with diagnosis of the mediastinal mass a mature teratoma in 3 cases and a mixed tumor in one case. It was not possible to retrieve information about the histology of the gonadal tumor and therefore it was impossible demonstrate if the mediastinal mass was a primary or metastatic lesion."

5) The percentage sometimes are written with two decimals and sometimes with only one. Please recheck and use only one way to describe.

Reply 5:

The authors corrected this.

Changed in the text:

The entire text was reviewed, including tables and graphs.

6) Minor change regarding the Authors name: Rosario, Antonio should be written as Rosario Antonio.

Reply 6: the authors corrected this.

Changed in the text:

This point was correct both in the title and in the bibliography.

Reviewer B

Thank you for sending your paper to Mediastinum. I have learned from reviewing your retrospective paper on mediastinal germ cell tumors.

The thematic you discuss is interesting and still open, thus it could improve our knowledge on these diseases. Anyhow, the paper has different lack points where you should focus.

First, I suggest starting on defining clearly endpoints of the study.

Reply 1:

The authors corrected this in the Backround.

Change in the text:

Lines 86- 88: "The Aim of this study was to describe surgical and clinical characteristics, the evolution of these patients, analyze the histology, the survival of the tumors and the behavior

to contribute to the international literature about this rare entity."

Second, try to modify your manuscript construction, it was difficult to follow and evaluate your paper.

Reply 2:

The authors reviewed the manuscript construction and language with an English-speaking physician.

Third, ask for English revision.

Reply 3:

The authors corrected this.

Fourth, describe properly the groups you divide the patients and methods of their evaluation and their treatment.

Reply 4:

This was improved in material and methods.

Changed in the text:

Lines 95- 98: "The variables to be analyzed were: sex, age, initial symptoms, diagnostic methods , before and after surgery tumor markers, chemoterapy treatment, type of surgical approach, presence or absence of associated testicular tumor, histology, tumor size, distant metastases, relapses and survival."

Fifth, try to improve the discussion, focusing on the reasons why the article should be published and the important things to improve our knowledge on this topic.

Reply 5: this was corrected in discussion.

Changed in the text:

Lines 174- 176: "In this work we highlight as an interesting point, the good evolution of female patients only with surgery compared with men, they did not require treatment before or after surgery. We believe that this may be useful to learn more about this entity. "

Thus, I suggest to make major modifications on the article and try to resubmit it again.

Thank you for this privilege.