

Peer Review File

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Reviewer A

The manuscript presents a case of a postpartum woman with intrahepatic cholangiocarcinoma. FGFR2-AHLCY1 fusion was identified using second-generation sequencing. Subsequent targeted treatment with FGFR2 inhibitor pemigatinib showed a favorable treatment response. This is a good example of the application of second-generation sequencing in precision medicine of postpartum related intrahepatic cholangiocarcinoma. However, the reviewer would like to provide the following comments:

1. The manuscript should include more detailed clinical results and dynamic changes of this patient such as a more comprehensive overview of relevant laboratory investigations and imaging results. Comparing various clinical results before and after treatment would help readers better understand the content. Moreover, it would be helpful to include a summary of characteristics from previous cases such as common symptoms and laboratory findings in the text. Additionally, it is essential for Table 1 to include the detailed treatment approaches used in previous cases.

REPLY: Thank you very much for this comment. We have provided additional clinical and dynamic details as outlined in Figure 1. We have also provided a summary of characteristics from previous cases where able in the discussion. Table 1 is now updated to include more details on treatment approaches used in previous cases.

CHANGES IN TEXTS: We have added Figure 1, added a new paragraph in the discussion to summarize the symptoms/labs from previous cases and Table 1 is updated to include more details.

2. Summarizing the relationship between pregnancy status and the development of hepatobiliary malignancies can be helpful. For instance, factors like AFP and placental steroids may contribute to immune system suppression during pregnancy. The reviewer would like to recommend referring to the paper, Lau WY, Leung WT, Ho S, et al. "Hepatocellular carcinoma during pregnancy and its comparison with other pregnancy-associated malignancies." *Cancer*. 1995;75(11):2669-2676, as the paper discuss various pregnancy-associated malignancies.

REPLY: thank you kindly for providing this reference. We have included this reference and a few others to summarize the relationship between pregnancy status and development of primary liver cancer.

CHANGES IN TEXTS: A new paragraph is added to address this comment in the discussion.

3. The reviewer believes it's necessary to briefly summarize the common treatment for intrahepatic cholangiocarcinoma (ICC) and the practice of precision medicine in ICC. For example, the reviewer would like to recommend referring to the paper, Jeong S, Luo G, Gao Q, et al. "A combined Cox and logistic model provides accurate predictive performance in estimation of time-dependent probabilities for recurrence of intrahepatic cholangiocarcinoma after resection." *Hepatobiliary Surg Nutr*. 2021;10(4):464-475, as the paper deal with the

precision medicine practice in ICC.

REPLY: Thank you very much for this comment and the reference. We agree this would be a good addition to the manuscript and have added a paragraph to address the novel treatments available in cholangiocarcinoma. We have added the reference as suggested.

CHANGES IN TEXTS: We have added a new paragraph in the discussion summarizing the treatment options in the advanced setting for cholangiocarcinoma.

Reviewer B

I read the article with great interest. It is a well-written article that presents the interesting case of a patient who was managed in an innovative way for this pathology and other associated factors.

I recommend that the article be accepted for publication.

REPLY: thank you very much for your review and comments.

Reviewer C

A very interesting case report discussing a timely topic in cholangiocarcinoma and FGFR2-targeted therapies.

Some changes are needed.

A timeline of this case should be included. It would help the readability of the manuscript.

An expert opinion with some critical points and discussion should be included.

The background of the medical treatment for cholangiocarcinoma should be further discussed, and some recently published papers added, only for a matter of consistency (PMID: 33756174; PMID: 36633661; PMID: 33592561; PMID: 35031442)

REPLY: We appreciate your review and agree a timeline would be helpful and have provided this in Figure 1. We have modified the discussion to be more comprehensive by including the treatment options for cholangiocarcinoma, change the sequencing of some paragraphs to emphasize our expert opinion on certain points and have included some of the pertinent references that were recommended.

CHANGES IN TEXTS: The discussion now include the above points.