

Peer Review File

Article information: <https://dx.doi.org/10.21037/tcr-21-899>

Reviewer A

Comment 1: Many typographical and grammatical errors should be revised.

Reply 1: Thank you for your significant reminding. According to your suggestion, we corrected the grammatical errors in the article and made an effort to correct the typographical errors.

Changes in the text: We have revised the typographical and grammatical errors (see Page 4, line 12; Page 5, line 5 and Page 8, line 7-9).

Comment 2: First and second paragraphs of the Abstract were same/very similar to the Introduction.

Reply 2: Thank you for your valuable comment. we appropriately revised the abstract and introduction such as “Inflammatory Myofibroblastic Tumor (IMT) is a rare sarcoma with unique molecular characteristics. It also has characteristic fasciitis-like, dense spindle cells and hypocellular fibrous histologic patterns and can occur at any age. The etiology of IMT is unknown and surgical resection is the main treatment for it.”

Changes in the text: we have modified our text as advised (see Page 2, line 1-5 and Page 3, line 8-16).

Comment 3: Figure 2 C: To demonstrate the figure legend, higher magnification should be added.

Reply 3: We gratefully appreciate for your valuable suggestion. As your suggestion, we have added a higher magnification picture to Figure 2C.

Changes in the text: we have modified our figure as advised (see Figure 2C).

Comment 4: Figure 3. More representative area/section should be selected to demonstrate.

Reply 4: Thank you for your significant comment. According to your suggestion, we have selected a more representative area in Figure 3 to describe the immunohistochemical results.

Changes in the text: we have modified our figure as advised (see Figure 3).

Reviewer B

Comment 1: Major English proof reading is required before publishing this article.

Reply 1: Thank you for your valuable comment. According to your suggestion, we have completed the English proof reading.

Changes in the text: we have modified our text as advised (see Page 4, line 12; Page 5, line 5 and Page 8, line 7-9).

Comment 2: The authors are describing a very interesting and rare case of IMT, however I got confused regarding the timeline of how things happened.

Reply 2: Thank you for your significant reminding. We feel sorry for the confusion brought to you. In our case, the patient suffered from flank pain for two months without apparent causes and was admitted to the Second People's Hospital of Anhui Province in February 2019. To confirm and cure, she was admitted to our hospital (The First Affiliated Hospital of Anhui Medical University) on March 2, 2019. After being admitted to the hospital, we performed relevant examinations. Radical resection of IMT was performed two weeks after admission. The patient recovered well after operation. Since the patient was discharged from the hospital, we have been following up the patient and there is no tumor recurrence in the patient.

Changes in the text: We added some sentences about the timeline to the article (see Page4, line2-6 and Page 4, line19-21).

Comment 3: Please use the Clavien-Dindo system to describe post-op complications.

Reply 3: According to your suggestion, we have used the Clavien-Dindo system to describe the postoperative complications of the patient, such as "According to the Clavien-Dindo classification system, the patient had minor postoperative complications (grade I). After postoperative, patient appeared right lower extremity numbness and paresthesia. We treated patient with mecobalamin, neurotrophin and mouse Nerve Growth Factor. The symptom disappeared. Patient has untypical/irregular fever with non-infection. We treated with aspirin-DL-lysine."

Changes in the text: we have modified our text as advised (see Page5, line 18-21).

Comment 4: Please add a conclusion paragraph to your case.

Reply 4: We gratefully appreciate for your valuable suggestion. we have added a conclusion paragraph at the end of the Discussion, such as "In conclusion, recurrent retroperitoneal IMT is very rare in elderly patients, and its pathogenesis is still unknown. The diagnosis of retroperitoneal IMT is still difficult. Preoperative imaging examination, biopsy and postoperative histological analysis are very helpful to determine the diagnosis of IMT. At present, surgical resection is the main treatment for most patients with IMT, and in order to prevent the recurrence of IMT, close monitoring must be carried out after operation."

Changes in the text: We added a conclusion paragraph at the end of the Discussion (see Page 9, line 2-6).

Reviewer C

Comment 1: A case report should include the epidemiological characteristics of the disease, the routine of diagnosis and treatment, the particularity of the case and the significance of the case report. If available, I suggest the author add more information in the Introduction section.

Reply 1: Thank you for your significant suggestion. According to your suggestion, we

have added some relevant information in the Introduction section, such as “Due to the rarity of IMT, its incidence is not clear. So far, only a few cases have been reported in the literature. The symptoms of IMT are not specific and usually depend on the location of the tumor, so it is difficult to diagnose. At present, the common methods for diagnosing IMT are ultrasound, abdominal computed tomography (CT) or magnetic resonance imaging. Radical resection is the main treatment for patients with IMT. IMT often develops in the lung of children and young adults and rarely occurs in older patients. The retroperitoneum is also an unusual site of presentation for the rare tumor. We report a case of recurrent retroperitoneal IMT in a 62-year-old woman and discuss the clinical and pathological features and diagnosis of this rare tumor.”

Changes in the text: We added some relevant information in the Introduction section (see Page3, line8-19).

Comment 2: As a clinician, I am extremely concerned about the pre-operative diagnosis of this disease. Is biopsy available or helpful? Please provide more information in discussion.

Reply 2: The common methods of preoperative diagnosis of IMT are ultrasound, abdominal computed tomography (CT) or magnetic resonance imaging. Biopsy and postoperative histopathological analysis are helpful in the diagnosis of IMT. Because of the rare and non-specific symptoms of IMT, clinicians rarely diagnose IMT before biopsy or surgery. In general, the pre-operative diagnosis of the disease mainly depends on the patient's imaging examination, biopsy and clinical symptoms. In our case, because the patient underwent radical retroperitoneal IMT resection a year ago and had problems such as tissue adhesion in the abdominal cavity, so according to the situation at that time we did not perform a preoperative biopsy on the patient. According to your suggestion, we have added some information in the Discussion section.

Changes in the text: We added some relevant information in the Discussion section (see Page 6, line 14-22; Page 7, line1-3; Page 7, line 21-22 and Page 8, line 1-4).

Comment 3: What is the protocol for monitoring or preventing the further recurrence of this patient's IMT? Please provide more information in discussion.

Reply 3: We gratefully appreciate for your valuable suggestion. According to your suggestion, I have added some protocol to monitor or prevent further recurrence of IMT in this patient in the Discussion section such as “So far, due to the rarity of IMT, no complete treatment and monitoring protocol has been established. The role of radiotherapy and chemotherapy in IMT is unclear, but in unresectable cases, radiotherapy and chemotherapy may have potential benefits. Surgical resection is still recommended for the treatment of recurrent lesions. In our case, after the patient was discharged from the hospital, we closely followed up for 24 months, and there was no recurrence. However, this follow-up period is relatively short and vigilant monitoring is still needed to quickly detect further recurrence.”

Changes in the text: We added some relevant information in the Discussion section (see Page8, line15-22, and Page 9, line 1).

Comment 4: Kindly add photos of intra-operative findings if available.

Reply 4: Thank you for your significant suggestion. We have added photos of intra-operative findings in Figure 4.

Changes in the text: we have modified our text and added some photos as advised (see Page5, line17-18).