

Peer Review File

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Reviewer A

Presenting case is very interesting. Melanoma of genitourinary system is one of the rarest neoplasms in this system.

Paper is well constructed and written. All attached files are in good quality.

In my opinion, the paper can be accepted without any changes.

Reply: Thank you for your appreciated comments! We feel highly encouraged.

Reviewer B

Very interesting case report. I enjoyed reading it, however; I will advice the authors to seek help from a native English speaker to proofread the manuscript. Finally, in the discussion section authors mentioned 200 cases reported; please clarify the databases. A quick PubMed review showed more that 200 cases .

Reply: Thank you for your helpful advice, we'd like to send our manuscript to the AJE editor for modification. Moreover, we just do a quick search on PubMed with "urethral/urethra melanoma" and find that there are 256 results to be published. While searching with "urethral/urethra melanoma" and "case report", the results are 154. Most of which are reported in only one case. After eliminating the female vulvar melanoma involves the urethra, we calculate the reported cases are about 200 patients.

Reviewer C

The article describes a relatively rare but not unusual case of melanoma of the male urethra, its diagnostic work-up and subsequent management. The article is well written however the case described does bring anything new to the field of Pathology or Oncology nor it is a translational research.

Because of this I don't think the article deserves a publication.

Reply: Thank you for your helpful review and comments. Indeed, urethra melanoma is not very unusual in China at present. However, our case was discovered accidentally at the end of a transurethral prostatectomy when we exited the resectoscope, if we ignored the tiny lesion, the patient would be missed. Additionally, the median survival of urethra melanoma is 28 months and our case lives for more than 50 months, this may be due to our reasonable treatment, close monitoring and follow-up. Therefore, we consider that our case will do bring some enlightenments to urologists.

Reviewer D

This study deals with relatively rare case of primary malignant melanoma of the male urethra. This study describes important suggestions in the treatment of advanced malignant melanoma of the male urethra. Though primary malignant melanoma of the male urethra is not so rare disease, the patient could gain long survival in spite of the advanced malignant melanoma. This study is important for understand the treatment of primary malignant melanoma of the male urethra.

I have annotated the manuscript with several minor corrections, which I believe will improve the readability of the paper.

1) I do suggest to have some external language editing done by a person familiar with the field.

Reply: Thank you for your helpful advice, we'd like to send our manuscript to the AJE editor for modification.

2) Please mention the thought about the reason why the patient can gain long survival in spite of the advanced malignant melanoma.

Reply: That is a good question! We summarize the diagnosis and treatment experience as follows: a) This patient had an occasional urethra melanoma, which means a very early disease when was discovered. b) Our immediate intervention and treatment, close monitoring and follow-up would be of great benefit for the patient. c) The dacarbazine chemotherapy would have played an important role in the treatment of the patient. Thank you! And, the above reasons have been added to the manuscript (line 133-138).

I think if you have any tips on the patient long-term survival, you should mention in this study.

Reply: Thank you for your helpful advice, we have added it in lines 100-104.

3) Please show the figure of cystoscopy and histological features when the authors first diagnosed malignant melanoma.

Reply: Thank you for your good tips! We'd like to, however, we haven't taken photos when we did the first resection of the melanoma. And, for several reasons, the pathological photos had not been archived, and we will need to reslice and stain if being retrieved. As a result, we could hardly achieve that goal.

I think cystoscopic findings at the first time is extremely important for clinicians because it is the trigger for diagnosis.

Reply: We should have done, and we want to, however, we had not. We will definitely take photos next time. Thank you.

4) The authors mention the stage (page 4, line 44).

I think the authors might be decide the stage when you first diagnosed malignant melanoma (page 3, lines 38-40).

Reply: Yes. But indeed, we mean the recurrence of the melanoma was pT1N0M0 too. Thank you.

5) When the authros checked tumor marker such as 5-S-cysteinyl dopa during follow-up study?

If you checked tumor marker, please explain the result concisely.

Reply: Honestly speaking, no. We have consulted the pathologist and he said the diagnosis was exact and accurate enough. Thank you.

6) When the authors checked urine cytology during follow-up study?

Reply: To be honest, we haven't taken the cytology in the follow-up period. Because as to a metastasis disease imaging examination is enough, and, what's more, our hospital hasn't carried out this test yet now. Thank you.

Do you think the urine cytology is useful similarly to urothelial carcinoma?

Reply: Exactly! We think the cytology as a non-invasive test, to a certain extent, could replace cystoscopy. Thank you.

7) The authors mentioned the patient received 8 course of dacarbazine.

Please explain the details of the regimen. I think that treatment is important in this study.

Reply: Exactly as what you are judging! As the patient would not respond to the traditional six-course of dacarbazine chemotherapy because of his high metastasis tumor burden, we had extended two cycles of chemotherapy. Of course, this would have corresponded with image monitoring. Thank you.

8) The authors performed 8 course of dacarbazine.

Please indicate the response evaluation such as RECIST (Response Evaluation Criteria in Solid Tumors).

Reply: After 8 cycles of chemotherapy, the tumor in the bladder was nearly disappeared and the bone metastases were stable. The patient felt no symptoms with a well quality of life. Thank you.

9) How about the imaging findings at the last follow-up?

Is the patient NED (no evidence of disease) or AWD (alive with disease) ?

Reply: Because of Covid-19, the patient was followed up in the local hospital, and we take a phone call regularly. He said that the bone diseases were unchangeable, while the urine was turbid and pungent. Thank you.