

Peer Review File

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Reviewer A

Comment 1: In this case report, Liu, X. et al reported a 24 year old man with clear cell sarcoma of the kidney, a rare entity in adults, with a thorough literature review. The pathologic findings are not new. However, if some interesting features are address and the manuscript can be further improved, it can be considered for publication.

Reply 1: **We thank the reviewer very much for this comment and suggestion.**

Comment 2: All the immunohistochemical markers listed in the text are not entirely specific for clear cell sarcoma of the kidney. It would be essential to provide the molecular alterations of this lesion to support the diagnosis.

Reply 2: **We thank the reviewer for this suggestive comment. Although the molecular basis of CCSK has evolved rapidly in the past few years, it's a fact that the exact molecular pathogenesis of CCSK still remains poorly understood and hasn't reached a definitive conclusion. We added a paragraph to discuss the genetic basis to the tumor development. Unfortunately, we do not have enough experience of the utilization of molecular techniques in the diagnosis of CCSK.**

It's true that, to date, there are no definite, specific, immunohistochemical indicators that could reliably discriminate CCSK from other renal neoplasms in adult patients. The diagnosis of CCSK continues to be based primarily on histologic features. In our case, the diagnosis of CCSK depends on the typical morphology of the tumor tissue, the help of IHC, and the assistance of differential diagnosis. We believe the diagnosis of CCSK is definite.

Changes in the text: **We have provided a paragraph to discuss the molecular pathogenesis and cell of origin of CCSK (see Page 10-11, line 175-184)**

Comment 3: An interesting pathologic finding is that the lesion appeared to present as a mural mass in a cyst, based on the radiologic and gross images. It would be more

interesting if the author can address it. If it is true, it is important to show the H&E images of the relationship of the mass and cyst.

Reply 3: We thank the reviewer for these careful and detailed comments. As shown in our case, the tumor has some sacs with necrotic and hemorrhagic areas. Since the sacs lack distinct capsules with an epithelial lining, they are pseudocysts, filled with mucus and necrotic tissue.

Changes in the text: We added the explanation of the relationship of the mass and cyst. (see Page 8, line 129-130)

Comment 4: It would be better if the author could provide detailed discussion of how to distinguish from the differential diagnosis.

Reply 4: We thank the reviewer for this suggestive comment. The main differential diagnoses in our case include blastema-rich WT and sarcomatoid variants of renal cell carcinoma. We have added a paragraph to discuss how to distinguish from them.

Changes in the text: We have provided the detailed discussion of how to distinguish from the differential diagnosis. (see Page 10, line 161-174)

Comment 5: There are grammatical and typographical errors throughout the text. The outline of the text should be modified as well.

Reply 5: We thank the reviewer for this important and reasonable comment. We have corrected the grammatical and typographical errors and modified the outline. The article has been polished by native speakers, and the editing certificate is attached.

Changes in the text: See the text.

Reviewer B

Comment 1: This is not a novel paper and the authors don't even address the whole genetic basis to the tumor development which has allowed for genetic confirmation of the diagnosis. Even if they didn't test for the se genetic findings, they should at least have them in their discussion. This paper adds nothing to the literature

Reply 1: We thank the reviewer for this comment. Although the molecular basis of CCSK has evolved rapidly in the past few years, it's a fact that the exact molecular pathogenesis of CCSK still remains poorly understood and hasn't

reached a definitive conclusion. We added a paragraph to discuss the genetic basis to the tumor development.

Changes in the text: We have provided a paragraph to discuss the molecular pathogenesis and cell of origin of CCSK (see Page 10-11, line 175-184)
