

Peer Review File

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Reviewer A

This study addresses about tumor-induced osteomalacia caused by head and neck tumors, a case report and literature review. It is very well described and will add to the literature. Some points are considered:

Comment 1: To a better understanding, this reviewer suggest a reduction in the discussion as it sometimes seems wordy.

Reply 1: We has simplified the discussion part, deleted some wordy and redundant words, and controlled the total number of words in the discussion part to about 2700, and the modified part has been marked in blue. In order to enable clinicians to have a comprehensive understanding of TIO from the aspects of epidemiology, pathogenesis and characteristics of the disease, so as to reduce the misdiagnosis and mistreatment of the disease, the discussion part is a relatively important part, so it takes up a large amount of space in this paper(see Page 9, line 20-22;Page 10, line 2-5,14-15;Page 11, line 1-2,7,18;Page 12, line 6;Page 13, line 12-13,18-19,21;Page 14, line 4,8-9,16-17,21;Page 16, line 13-17;).

Comment 2: I did not get to see details of the photos. It was difficult to see them. I suggest photos with a better resolution. This aspect is very important.

Reply 2: We have replaced all of the photographs in the manuscript with the highest resolution of the material in our possession(see Page 29-32,figure1-4;).

Comment 3: With respect to the pathology, which were lesions or neoplasms suspected with these histopathological aspects before the laboratory findings?

Reply 3: When the patient presents with osteomalacia, if scintigraphy screening or PET-CT can find the tumor, they were suspected with these histopathological aspects, such as brown tumors mentioned in the differential diagnosis part(see Page 18 Line 12-18).

Comment 4: Did Histopathological aspects influence the requirement of laboratory findings?

Reply 4: Histopathological aspects did influence the requirement of laboratory findings, blood phosphorus significantly increased within one week postoperatively while serum FGF-23 of TIO patients can return to normal within 2-6h after tumor resection,

therefore we should observe the changes of blood phosphorus and serum FGF-23 postoperatively. Besides, the decrease of serum 1,25 (OH)₂D₃ level and long-term use of phosphorus can stimulate the secretion of PTH, then affecting the parathyroid function, therefore, we should monitor the changes of serum PTH simultaneously(see Page 15 Line 19-22;Page 16 Line 4-6,13-17) .

Reviewer B

This is an important report about a rare disease. I recommend the following revisions and additions.

Comment 1: Page 3 Line 33: I do not know the word “hypophosphomalacia”. Is this a typo?

Page 5 Line 77 and 79: I cannot find the word “hypophosphomalacia” in PUBMED.

Reply1: We use the word “Osteomalacia” to replace the “hypophosphatemia” and the “Osteomalacia” can be found in PUBMED(see Page 3 Line 3,11-12,21;Page 5 Line 2-5,13-14,16-17;Page 6 Line 11-17;Page 7 Line 13-17).

Comment 2: Case presentation: Please add the postoperative follow-up duration.

Reply2: The patient was followed up for 5 months, and we have add the postoperative follow-up duration in the case presentation part(see Page 8 Line 17).

Comment 3: Figure 4: There are missing spaces.

Reply3: We have carefully checked the comments on all the pictures and tables and have corrected the questions you raised(see Page 32 Line 12).