

## Peer Review File

Article information: <https://dx.doi.org/10.21037/shc-23-6>

### Reviewer A

**Comment 1:** This article mainly focuses on reconstruction surgery. This article might help some clinicians and be worth publishing after revisions, but the authors should show the rationale for treatment.

**Reply 1:** Symptoms control – patient complained of pain, no other treatment anticipated to be effective. (line 89).

**Comment 2:** Although Girelli's publication (your Ref 7.) mentioned the beneficial aspect of the surgery for lung metastases, they described as below: lung metastasectomy should be considered as a therapeutic option to achieve local control of disease when 2 conditions are met: (1) complete surgical resection is feasible and (2) the time to pulmonary relapse after primary tumor treatment is greater than "36 months." Since your description can mislead the readers, you should revise the description in LL.141-143.

**Reply 2:** We have eliminated this citation.

**Comment 3:** LL.61, Could you explain the relationship between throat pain/difficulty swallowing and multiple lung diseases? Recurrent nerve pulsy? The symptom disappeared after the treatment?

**Reply 3:** Difficulty swallowing was related to previous tongue resection and reconstruction. Recurrent nerve pulsy can be a potential cause. The patient did no report the symptoms after the treatment.

**Comment 4:** LL.66, Could you explain why you first treated the left (un-predominant) lung?

**Reply 4:** The left side was treated first because the expected loss of the function would be less, allowing to perform right sided metastasectomy safely. (Line 65 – 66)

**Comment 5:** Could you add references to support the rationale for surgical excision of bone metastases?

**Reply 5:** Further references were provided provided. (Line 150 -167).

### Minor points

**Comment 6:** Pathological images will increase the credibility and value of your paper.

**Reply 6:** Unfortunately, we were not able to find pathological images

**Comment 7:** LL.52-56, Could you clearly show whether the surgical margin was negative?

**Reply 7:** Histopathological report confirmed metastatic adenoid cystic carcinoma, the sampled bone and soft tissue being free of tumour with closest margin > 1mm. (line 100-102)

**Comment 8:** LL.56, Authors should note the radiation dose (e.g. 66Gy/33fr).

**Reply 8:** This information was not available for us

**Comment 9:** LL.90 Authors should explain the abbreviation MDT.

**Reply 9:** MDT expanded to multidisciplinary team. (line 88)

**Comment 10:** LL.146-148,150-152, Authors should show appropriate references.

**Reply 10:** References are provided (line 146-148).

### **Reviewer B**

**Comment 1:** Abstract should be of 200~350 words in range and structured with Background, Case Description, and Conclusions.

**Comment 2:** The main text should be arranged as Introduction, Case Presentation, Discussion, and Conclusions.

**Comment 3:** Please explain what the arrow in Figure 2 indicates.

**Comment 4:** Abbreviation should be spelled out the first time it is used in the Abstract/Body Text/Figure.

**Comment 5:** The affiliation information listed in the corresponding author section should be consist with that in author list.

**Comment 6:** Reference #9 and #15 are the same. Please delete one of them and number the rest of the references consecutively in the order.

**Comment 7:** Please add the scale bars of Figure 3.

**Reply:** I have incorporated all the changes and suggestions and believe that the revised manuscript is now ready for reconsideration.