

Peer Review File

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Reviewer A

I think this is an interesting manuscript entitled "Synchronous follicular dendritic cell sarcoma and gynecological cancer: a case report." However, this is a case report. Diagnostic accuracy is the most important to accept for publication. The results of various analyses and their reasonable interpretation should be suitable for the final diagnosis. However, there are some limitations to lead the final diagnosis.

1. Describe the histopathologic findings including cytomorphologic details and immunohistochemical patterns.

Reply: thank you for your comment. We described the histopathologic findings and added three figures.

Changes in the text: Abstract "Pathological exam showed oval to spindled cells with dispersed chromatin, small nucleoli, eosinophilic and fibrillar cytoplasm with syncytial borders arranged in fascicles, whorls or storiform patterns. Binucleate or occasional multinucleate forms with nuclear pseudoinclusions were also identified. Additional perivascular lymphocyte cuffs and admixed population of lymphocytes, eosinophils, plasma cells and neutrophils were patchy visible. Diffuse expression of CD21, CD23, fascin and podoplanin did support the diagnosis of FDCS."; case description: "Histopathological examination showed oval to spindled cells with dispersed chromatin, small nucleoli, eosinophilic and fibrillar cytoplasm with syncytial borders arranged in fascicles, whorls or storiform patterns (Figure.3). Binucleate or occasional multinucleate forms with nuclear pseudoinclusions were also identified. Additional perivascular lymphocyte cuffs and admixed population of lymphocytes, eosinophils, plasma cells and neutrophils were patchy visible. Diffuse immunorexpression of CD21 (Figure.4), CD23, CD35, clusterin, fascin and podoplanin and negative stains for CD1a and keratins did support the diagnosis of FDCS (Figure.5)."

2. Put the representative microscopic photos including H&E and immunohistochemical staining.

Reply: thank you for your comment. We described the histopathologic findings and added three figures.

Changes in the text: Abstract "Pathological exam showed oval to spindled cells with dispersed chromatin, small nucleoli, eosinophilic and fibrillar cytoplasm with syncytial borders arranged in fascicles, whorls or storiform patterns. Binucleate or occasional multinucleate forms with nuclear pseudoinclusions were also identified. Additional perivascular lymphocyte cuffs and admixed population of lymphocytes, eosinophils, plasma cells and neutrophils were patchy visible. Diffuse expression of CD21, CD23, fascin and podoplanin did support the diagnosis of FDCS."; case description: "Histopathological examination showed oval to spindled cells with dispersed chromatin, small nucleoli, eosinophilic and fibrillar cytoplasm with syncytial borders arranged in fascicles, whorls or storiform patterns (Figure.3). Binucleate or occasional multinucleate forms with nuclear pseudoinclusions were also identified. Additional perivascular lymphocyte cuffs and admixed population of lymphocytes, eosinophils, plasma cells and neutrophils were patchy visible.

Diffuse immunoreexpression of CD21 (Figure.4), CD23, CD35, clusterin, fascin and podoplanin and negative stains for CD1a and keratins did support the diagnosis of FDSC (Figure.5).”; Figure Legends: “Figure.3: H&E follicular dendritic cell sarcoma (10X). Figure.4: CD21 diffuse expression in follicular dendritic cell sarcoma. Figure.5: Podoplanin expression in follicular histiocytic cell sarcoma (10X).”

3. What is the synchronous gynecological cancer. 'Synchronous gynecological cancer' is appeared only in the title.

Reply: thank you for your comment. We described the type of cancer and its staging in the case description.

Changes in the text: “A 42-year-old woman was referred to our Thoracic Surgery Unit for an incidental mediastinal mass (Figure.1) discovered during the preoperative work-up of a cervical adenocarcinoma (clinical stage I).”

Reviewer B

Kindly supply additional information relevant to the case:

1. evidence that firmly establishes the diagnosis of follicular dendritic cell sarcoma

Reply: thank you for your comment. We described the histopathologic findings and added three figures.

Changes in the text: Abstract “Pathological exam showed oval to spindle cells with dispersed chromatin, small nucleoli, eosinophilic and fibrillar cytoplasm with syncytial borders arranged in fascicles, whorls or storiform patterns. Binucleate or occasional multinucleate forms with nuclear pseudoinclusions were also identified. Additional perivascular lymphocyte cuffs and admixed population of lymphocytes, eosinophils, plasma cells and neutrophils were patchy visible. Diffuse expression of CD21, CD23, fascin and podoplanin did support the diagnosis of FDSC.”; case description: “Histopathological examination showed oval to spindle cells with dispersed chromatin, small nucleoli, eosinophilic and fibrillar cytoplasm with syncytial borders arranged in fascicles, whorls or storiform patterns (Figure.3). Binucleate or occasional multinucleate forms with nuclear pseudoinclusions were also identified. Additional perivascular lymphocyte cuffs and admixed population of lymphocytes, eosinophils, plasma cells and neutrophils were patchy visible. Diffuse immunoreexpression of CD21 (Figure.4), CD23, CD35, clusterin, fascin and podoplanin and negative stains for CD1a and keratins did support the diagnosis of FDSC (Figure.5).”

2. further description of PET findings, as well as pathologic features such as tumor grade, IHCs, lymph node status

Reply: thank you. We added PET findings and lymph node status.

Changes in the text: (lesion SUVmax 5.0, no other suspicious uptakes); Lymph nodes of the subcarinal and right paratracheal stations were negative.

3. specify imaging modality used for surveillance, and timing of tests

Reply: thank you. We added it.

Changes in the text: The postoperative surveillance comprised: physical examination, chest-CT scan and upper abdominal ultrasound examination or total-body CT scan performed every three months. At the 6th postoperative month a PET scan was done and was negative.

4. specify the specific gynecologic cancer, clinical stage,

Reply: thank you for your comment. We described the type of cancer and its staging in the case description.

Changes in the text: "A 42-year-old woman was referred to our Thoracic Surgery Unit for an incidental mediastinal mass (Figure.1) discovered during the preoperative work-up of a cervical adenocarcinoma (clinical stage I)."

Kindly focus conclusions and implications to those that can be drawn directly from the patient's case.