

Peer Review File

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Reviewer A

The authors present an interesting case of Stewart-Treves-Syndrome and emphasize the need of early biopsy.

However, there are a few points which need to be addressed.

Comment 1: There is no Information given about medication, immunosuppression, HIV-status.

Reply 1: Pt's medication and status regarding immunosuppression and HIV was obtained from medical record and included in case report.

Changes in the text: Please see lines 61-66

Comment 2: Immunohistochemistry usually should also include antibodies against podoplanin, HHV8

Reply 2: Podoplanin was not obtained in the histologic workup of this case. HHV8 was obtained and utilized to rule out Kaposi's Sarcoma. FLI-1, CD-31, CD-34, and ERG were obtained which revealed vascular endothelial origin.

Changes in text: Please see line 70-73

Comment 3: Image of histology should be added

Reply 3: Histology images were obtained and were referenced within the text of the case report

Changes in text: Histology images added to case report with figure legends added after the reference page

Comment 4: Recent literature should be considered concerning therapy with anti-PD-1 AB

Reply 4: Literature involving the use of anti-PD-1 and PD-L1 immunotherapy involving angiosarcoma was assessed and remarked upon in the case report

Changes in text: Please see lines 148-157

Reviewer B

The reviewer is almost satisfied with the article, but there is a small request to add some short description about onset mechanism of Stewart-Treves syndrome into

discussion.

For example;

It is suspected that immunological disorders arise in lymphedema limbs (Adv Wound Care (New Rochelle). 2019 Jun 1;8(6):263-269. Lymphovenous Anastomosis Aids Wound Healing in Lymphedema: Relationship Between Lymphedema and Delayed Wound Healing from a View of Immune Mechanisms. Shuhei Yoshida, et al.), which leads to allow Stewart-Treves syndrome to take place (Arch Surg. 1979 Jan;114(1):82-5. Stewart-Treves syndrome. A lethal complication of postmastectomy lymphedema and regional immune deficiency. H Schreiber, et al.).

Comment 5: There is a small request to add some short description about onset mechanism of Stewart-Treves syndrome into discussion.

Reply 5: A literature review was performed to assess the historic and current research involving the idea of Stewart-Treves evolving in a region of lymphedema due to local immunosuppression and the information was presented within the Discussion portion of the case report.

Changes in text: Please see the addition of information to lines 84-127.