Peer Review File

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Review comments

With interest, I read the manuscript which is submitted as a Case Report.

I agree with the discussion and I think it adds some interesting things to the existing literature.

The topic is relevant because is important to write about SFT recurrences, but nevertheless, I would like to point out some concerns:

-What was the time from surgery to discharge? Postoperative outcomes or complications? Were all R0 surgeries?

Case1: The patient was discharged on the 9th day after the first operation. (see Page 5, line 92-93); The patient was discharged two weeks later without any complications after the second operation (see Page 6, line 104); The patient's liver function was good and there were no obvious complications after these two surgical operations, and she was discharged from the hospital on the 9th and 8th days after surgery, respectively. (the third operation and fourth operation) (see Page 6, line 116-118).

Case2: The patient was discharged on the 12th day after the first operation. (see Page 7, line 130-131); The patient had no obvious complications occurred after LT, and the patient was discharged at the 2th week after surgery (OLT) (see Page 7, line 127-128).

All surgeries were R0.

- Did you consider giving adjuvant therapies?

Reply: Considering the financial situation of two patients, genetic testing and follow-up adjuvant therapy were not conducted, meanwhile, an appropriate and effective adjuvant therapy was still being explored. (see Page 11, line 227-229)

CASE1:

-It is unclear if the pancreas was affected by SFT, otherwise why it was removed.

Reply: We have modified our text as advised "Although the pancreas was not invaded by the tumor, considering the cavernous transformation of splenic vein secondary to tumor embolus, the formation of collateral circulation and adhesion between the splenic vein and the body and tail of pancreatic, so we surgically resected the tumor again, and resected the body and tail of pancreas and regional lymph nodes to ensure the R0 resection during the operation" (see Page 5, line 97-102)

In this sentence “At present, the patient is still being followed up in our hospital and is generally in good condition, without symptoms of fatigue, weight loss, abdominal pain et al” I think you mean etc instead et al.

Reply: see Page 6, line 119-120.

CASE 2:

-What was the diagnostic suspicion in the first surgical intervention? Was a biopsy done?

Reply: Soft tissue neoplastic lesions were considered preoperatively. And it is impossible to know whether a biopsy was performed before the first operation, because the surgeon who performed the first operation has left our center. The first surgery was performed in April 2008, left side of the chest wall tumor resection, chest wall reconstruction and intercostal nerve cryoanalgesia were performed. Before OLT, recurrence of liver SFT was confirmed through liver puncture biopsy. (see Page 7, line 128; Page 7, line 135-136)

-I have a few concerns regarding the patient’s orthotopic liver transplantation, I think you should explain it in more detail.

We have modified our text as advised “We separated the abdominal adhesions and explored the abdominal cavity, and there was no tumor recurrence in the original surgical area or abdominal metastasis, only found multiple masses in the liver. The graft was from a 45-year-old, donation after brain death (DBD), ABO compatible donor, weight 1125g. Standard orthotopic liver transplantation (SOLT) was performed after graft trimming. The superior and inferior vena cava of the donor and recipient were anastomosed with Prolene 3-0 and 4-0, the portal vein with Prolene 5-0, the common hepatic artery with Prolene 7-0, and the bile ducts with polydioxanone suture (PDS) 6-0. The operation went very well and the patient was also in good condition. On the first day after LT, the tacrolimus was taken orally, and the blood concentration was maintained at 8-12ng/ml at the 1st month, 7-10ng/ml at the 2th-6th month, and 5-8ng/ml after 6th month. No obvious complications occurred after LT, and the patient was discharged at the 2th week after surgery.” (see Page 7-8, line 139-150)

The terminology used in the text is inconsistent and partly in American English, part in British English. There are also some sentences that don’t make sense. In my opinion, the manuscript needs revision by a native English speaker.

Reply: the manuscript has been revised by a native English speaker

I hope you will find my comments to be constructive and helpful.