

Peer Review File
Article Information: <https://dx.doi.org/10.21037/acr-21-83>

Review Comments:

Comment 1. Abstract Formatting:

Due to the Author Instruction, please kindly re-adjust the Abstract: 200-350 words max. Structured with Background (state what is known and unknown; why the case report is unique and what it adds to existing literature), Case Description (describe the patient's demographic details and main history, the main diagnosis, interventions, outcomes and follow-ups), and Conclusion (summarize the main take-away lesson, clinical impact and potential implications).

Reply: We appreciate your advice. We adjusted some content of our **Abstract**. We added a few sentences (**Page2, Line3-11; Page2, Line 17-19; Page1, Line21-22**). We also deleted some inappropriate content.

2. Title:

Please consider using a more focused and formative title. The present one is too general. For example, consider specify the main unique point of this case report-36 months recurrence-free survival time.

Reply: Thanks for your suggestion, we changed our **Title** (**Pagh1, Line1-2**)

3. Key Words:

Please add "case report" as a key word in this manuscript.

Reply: Thanks for your suggestion, we revised our **Key Words** (**Pagh3, Line2**).

4. Abstract:

Similar to the points on Title, we suggest authors also highlight the unique point of this manuscript in the "Abstract-Background". It's also necessary to describe the patient's demographic details and main history in the "Abstract-Case Description" subsection.

Reply: thanks for bringing this to our attention. We revised our **abstract**. We pointed out the rarity of our case as well as its high malignancy (**Page2, Line3-9**). We also described the process of treatment in more detail information than before (**Page2 Line 10-11; Page2, Line11-19; Page 2, Line 21-22**).

5. Introduction:

In the introduction, also highlight the unique point of this manuscript based on comparison with existing evidence/similar cases.

Reply: We appreciate your helpful suggestion. We add some content in **introduction**

of our manuscript. We cited several retrospective studies with relatively large sample sizes of PMME (Page3, Line12-16). We also described two primary melanomas in the esophagogastric junction that were similar to our case (Page3, Line20-Page4, Line2).

6. Timeline:

We suggest the authors adding a timeline. The timeline should present relevant events in the patient's history in chronological order in a figure or table, enabling the core elements of the case report standing alone. The authors are also encouraged to merge the existing Figures in the timeline too.

Reply: We appreciate your advice. We integrated timeline and existing figures into a new figure (Figure1).

7. Case Description:

Please present the case report with detailed time information (Date, Month, Year). We suggest authors disclosing no adverse and unanticipated events in the manuscript (not just in the checklist).

Reply: We appreciate your advice. We added some detailed information of this patients in Case Description (Page4, Line22; Page5, Line3-6). At the same time, we present the detailed time information (Page4, Line19; Page5, Line17; Page6, Line5; Page6, Line5; Page6, Line7; Page6, Line9-11).

8. Discussion:

It is necessary and important to transparently discuss the LIMITATIONS of the study in the Discussion. A separate paragraph is highly suggested.

Reply: Thanks for your suggestion, we add a paragraph of our study's limitation in discussion (Page8, Line18-22).