Reviewer #1:

**Specific Comments to Authors:** ECS is a rare, but life-threatening condition in patients with NET, which often originate from lung, thymus, also pancreas. The authors described a ECS case developed from a metastatic MCC, no report in previous literature. So this manuscript will bring important information to our readers. Also, the manuscript was well organized and presented. But I have a suggestion to the authors, could you please provide the MCC pathological photos diagnosed by lymph node biopsy in 2018? That would be better if it is available.

**Answer**

As suggested, we provide in Fig.1 cytopathology cell block images of Merkel cell carcinoma from the lymph node biopsy.

Reviewer #2:

**Specific Comments to Authors:** Dear Author(s) You state that the patient has been receiving treatment for two years. I would like a detailed pathology definition. I would like to learn detailed immunohistochemistry and Ki-67 results. Why the patient is not Small cell lung carcinoma should definitely be mentioned in the discussion. Which chemotherapy It received. Was there anything to suggest a primary lung mass. Has nuclear medicine imaging been considered?

**Answer**

The MCC was staged cTX N1bM1c according to the American Joint Committee on Cancer 8th Edition Cancer Staging System. We add figure 1 which shows imaging of the Hematoxylin & Eosin staining of the MCC in the lymph node biopsy as well as the positive immunohistochemistry staining for keratin 20 and synaptophysin. The Ki67 proliferative index was very high (>80%). In the description of the patient disease (lines 82-90) we detailed the antineoplastic treatment the patient received. We also mentioned in the discussion that there was no prove of lung metastatic disease (lines 112-114). After revision of all the 18FDG- PET/CTs of the patient there was no lung disease but only uptake in mediastinal lymph nodes.