Dear Editors and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “Radical resection of giant retroperitoneal liposarcoma using hyper-accuracy three-dimensional reconstruction: a case report” (ID: 65195). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the reviewer’s comments are as flowing:

1. **Response to comment:** The title in current form could suggest that reconstruction was part of the surgical procedure. Should be redesigned (for instance: Hyper-accuracy Three-dimensional Reconstruction. A tool for better planning of retroperitoneal liposarcoma resection. A case report.)

**Response:** It is really true as Reviewer suggested that we didn’t think about the old topic well. The new topic is more in line with this article.

2. **Response to comment:** The abstract is well structured. a. BACKGROUND: WDLPS is the second most common histotype in retroperitoneum with dedifferentiated LPS being the most common; there are many references, the largest study from Gronchi et al. included 1007 patients (Variability in Patterns of Recurrence after Resection of Primary Retroperitoneal Sarcoma (RPS). A Report on 1007 Patients from the Multi-Institutional Collaborative RPS Working Group. A SurgOncol, DOI:10.1097/SLA.0000000000001447) b. It is characterized by a huge mass, but multiple organ invasion is rare. Please try to find a reference otherwise consider to remove. c. Surgery is the only treatment option for potential cure (I would remove the second part of the sentence “but recurrence is common” because that should not be the obstacle to try to cure the patient. Remove as well in Core tip: section). d. CASE SUMMERY: would be nice to include the age of the patient in the first sentence. Lipoma-like should be changed to lipomatous mass (since lipoma-like alludes on histologic subtype); same in the Imaging examination section and in Figure 1.

**Response:** Thank you very much for your suggestion. We have made correction according to the Reviewer’s comments in the abstract.

a. We checked the literature and found that it is indeed as you said: WDLPS is the second most common histotype in retroperitoneum. We have made changes.

b. In response to your question, we found the relevant article and made an amendment: It is characterized by a huge mass, but multiple organ invasion is common. References are as follows: Well-differentiated liposarcoma and dedifferentiated liposarcoma: An updated review. DOI: 10.1053/j.semdp.2019.02.006

c. We feel that your point of view is correct and have made corresponding changes in the abstract and Core tip.

In the case summary, we have made additions and modifications according to your requirements.

3. **Response to comment:** Keywords: Retroperitoneum instead of Retroperitoneal sarcoma.

**Response:** After consideration, we feel that your comments make sense and modify:
Retroperitoneum.

4. **Response to comment**: Introduction: a. Since there are many sarcoma subtypes in retroperitoneum suggest plural in the second sentence: retroperitoneal sarcomas account for 9% to... b. Suggest to remove the sentence about classification of LPS into five types because it is not relevant to the article. The Transatlantic Working Group is performing a study about Myxoid/round cell LPS in retroperitoneum and there is not much data about the mixed? ones.

**Response**: We are very sorry for our incorrect writing. Since there are many subtypes of retroperitoneal sarcoma, we will use the plural form in the second sentence. At the same time, we will delete the sentence about LPS classification because it is not relevant to this article.

5. **Response to comment**: Case presentation: consider to add data about weight and height of the patient into the Physical examination section.

**Response**: I'm very sorry. We neglected to add the height and weight data. Thank you very much for your reminder. We have now added these data to supplement it.

6. **Response to comment**: Treatment: … we began to release the tumor (instead of neoplasm) from... Where was the colon? and What was the blood loss?

**Response**: We are very grateful for the questions you reminded and made the following changes: Because we ensured that the tumor was localized in the retroperitoneum, we opened retroperitoneum in paracolic recess. After liberating ascending colon and partial transverse colon and fully exposing the tumor, we began to liberate the tumor from right iliac vessel. Finally, we release the tumor from right kidney, inferior vena cava, abdominal aorta. The operation took 6 hours and the volume of blood loss was 100 ml approximately.

7. **Response to comment**: Discussion: WDLPS is the second most common histology in retroperitoneum (1st sentence). Consider to substitute Complete surgical resection with Macroscopic complete clearance. … making it difficult to achieve clear resection margins. (17) (since wide margins are practically not possible)

**Response**: Although the complete resection is used in our references, in respect of your professional level, we accept your suggestions and make changes: Macroscopic complete clearance resection is essential to curative treatment. … Resection in such situations may involve multiple organs and vasculature, making it difficult to achieve clear resection margins.

8. **Response to comment**: Conclusion: next to last row tumor instead of neoplasm

**Response**: thank you for your reminder, we will make changes for the consistency of the words used throughout the text: tumor instead of neoplasm

9. **Response to comment**: References: Number 9 Zhang Q et al: delete square brackets in the title/first sentence Number 18 and 19 is the same reference. Please delete one and adjust accordingly.

**Response**: Please forgive us for our carelessness, we have deleted redundant similar references.

10. **Response to comment**: Figures: a. (suggest correcting the sentence into) … confirmed the
displacement of the right kidney to the left lower quadrant and its excretion function was good; b: Corrected the wrong serial number c. c: A: contrast enhancement CT 3 months after surgery. B: contrast enhancement CT 16 months after surgery

11. **Response to comment:** Final remarks: a. Consider to change radical resection in the text (into surgical resection or just resection) b. Please correct grammatical errors on the first page (space between words, commas and check the spelling in the name Mu-Shi Ye(a)

**Response:** thank you for your precious comments on our grammar, we have made changes to the questionable part of your question

12. **Response to comment:** The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

**Response:**Dear editors, we have supplemented the original data of the pictures according to your requirements and organized them into PPT files. The reference format has also been supplemented and modified according to your requirements. DOI and PMID

13. **Response to comment:** However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing company we recommend: [https://www.wjgnet.com/bpg/gerinfo/240](https://www.wjgnet.com/bpg/gerinfo/240).

**Response:**Dear editor-in-chief, our language quality does not meet the requirements of your magazine, We want to refer to your language editing agency, but for some unknown reason, we could not open the website of that agency, We searched for the relevant editing agency ourselves, hope you can understand.

Special thanks to you for your good comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper.

We appreciate for Reviewers’ and editors’ warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.
Yours
Sincerely
Jian-Jun Liu