Dear Journal,

Please find below a point-by-point response to the editorial comments. We have made every effort to adequately answer any concerns. We greatly appreciate the opportunity to present this interesting case.

Sincerely,
The Authors

a) The statement that plasmacytomas of the testis is rare is repeated a few times in the article and should only be mentioned at the beginning and at the conclusion.

Changed to only mention the rarity in the abstract, introduction and conclusion.

b) Did the patient undergo a Ct scan of the abdomen and chest- this should be mentioned.

A complete skeletal survey was obtained but no CT scan.

c) A picture of the Gross specimen should be made available for the benefit of the readers.

No gross pictures are available for this case.

1. Since Lymphoma is common in this age group, any clinical finding or investigations were done towards this before orchiectomy? Make a mention in the case report. Like no generalized lymphadenopathy or normal CT,

The report mentions workup including skeletal survey

2. What is the duration between surgery and metastasis. What chemotherapy is
the patient on? How was the patient followed up and how was the mets picked up?

These points are now addressed within the text

3. SPEP - expand this abbreviation

SPEP is expanded as serum protein electrophoresis the first time it is used

4. Please highlight on the follow up of these patients with regards to investigations, frequency and duration as the progression is high.

A brief description of follow-up was inserted

Page 3, line 4: should read "3 x 5 cm"

By was changed to x

Page 3, Line 9: should read uncomplicated inguinal left radical orchiectomy

Text was changed to read “uncomplicated left inguinal radical orchiectomy”

Figure 1 is too small and not of sufficient quality to be representative

there should be Figure legends included

Figure legends were added

Figure 3: What is the "aerodigestive tract"?

Aerodigestive was changed to upper respiratory and digestive tracts

I would suggest three things:

1. The flow of the clinical presentation strikes me as unlikely how this proceeded -- correct me if I am wrong. I suspect the patient presented with a testis mass, had an orchiectomy and then the diagnosis was made. It sounds as if plasmacytoma was on the differential of the urologist, and although he is a skilled clinician, I do not think this is a typical thought for a testis mass in a man this age.

The presentation should be re-written in a more chronologically accurate manner.

The order of events in the case presentation was slightly modified to make it more chronologically accurate

2. Have the references in the article appear sequentially

The references were changed to appear sequentially (these changes are not tracked to prevent clutter)

3. Gross photograph may be helpful?
No gross photography was available for this case.