**Author’s response to reviews**

**Title:** Multidisciplinary Management of a Large Pheochromocytoma Presenting With Cardiogenic Shock: a Case Report

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**Author’s response to reviews:**

Editor,

Thank you and the reviewers for their decision and comments to our manuscript. These are our point-by-point replies:

1. First of all, we regret having made a mistake in the manuscript, which we have now corrected: bone sclerosis was found to be in the vertebral bodies, not arches (Page 5, line 24–25). We are indebted to Dr. Bergamini for bringing up this point which prompted us to double-check the data.

   Indeed, we acknowledge that this was a debatable decision, and we modified the Discussion accordingly (page 7, lines 4–7). Our reasoning was that the patient was high-risk because of her hemodynamic instability, and the imaging studies (including plain CT) presented a relatively low suspicion index: lack of metabolic activity (whereas the primary tumor had major uptake), *and* no osteolytic lesions in the vertebrae.

2. Our patient was initially followed with ACTH and cortisol levels to guide adrenocorticoid therapy. In the immediate postoperative period she actually had episodes of hypotension, so we
deemed it unlikely that even high catecholamine levels were clinically relevant. She was then checked 30 days after surgery, and showed persistently elevated.normetanephrine levels, again with no clinical relevance. Further follow-up measurements were within normal range. We added this at page 6, line 38–40 and page 7, line 4–7.

3. We added a sentence explaining that it would also have been totally reasonable to perform a vertebral biopsy and, if positive, to consider staged corpectomy with autologous bone grafts. However, had all lesions turned out to be metastases, our patient would have needed corpectomy at three separate segments: we doubt this would have been feasible, or at least compatible with an acceptable quality of life. We are happy this wasn’t the case!

4. We are following the patient with metabolic tests every 6 months and MRI every other year, following a single CT scan performed 6 months after surgery. We added this at page 6, line 37–40

Please also note that, for clarity, we merged the CT into 1 figure (#1); figure 2 is now the 231-MIBG scan, for a total of 2 figures. The actual content of the pictures is unchanged.

Again, thank you for the insightful comments,

Regards,

Marco Baciarello, on behalf of all authors