**Reviewer #1:**

The author presents a case of solitary fibrous tumour manifesting with repeated bout of hypoglycaemia. The diagnosis was made on percutaneous biopsy and the patient later underwent 'curative' resection as evidenced by disappearance of symptoms and radiological recurrence over 2 years. The report is well written and the details are mostly sufficient. There are a few errors with grammar/syntax which I've amended using the track-changes function in the attached file. In addition, I I have the following comments:

**Reply:** Dear reviewer, many thanks for your helpful comments.

- In various parts the author mention that non-specificity of the presentation of SFT. However, the CT features are often quite suggestive (but not pathognomonic). I think this needs to be highlighted.

**Reply:** OK, we mentioned and highlighted this note in the secton of (Discussion).

- A CT-guided biopsy was done for the patient. Was this a core biopsy? This needs to be stated. Although this patient underwent the biopsy under CT guidance, ultrasound is equally as good. From personal experience, these tumours are very amenable to US-guided biopsies which is not a surprise given their anatomical location.

**Reply:** OK, core needle biopsy biopsy was performed and we stated this in the text under the section of (Case resport). We agree with your opinion that US-guided biopsy is as good as CT, but for our case the radiologist performed CT biopsy as standard.

- In a recent systematic review (doi: 10.1183/23120541.00055-2020), it was found that 23% of SFTs recurred after 5 years of surgery, and the authors of the review recommended a longer follow up schedule. The author should highlight this in their discussion.

**Reply:** OK, we highlighted this finding of the systematic review in (Discussion).

**Reviewer #2:**

This manuscript is a case report of SFT presented with hypoglycemia. Data are presented concisely.　I do not have further comments.

**Reply:** Many thanks.

**Reviewer #**3:

In its case report entitled „Solitary fibrous tumor of the pleura: A rare mesenchymal tumor presented with hypoglycemia“ the author presents an unusual case of a solitary fibrous tumor of the pleura associated with hypoglycemia. This case report is principally interesting and well written, however, there are a few suggestions I would like to make in order to improve it further.

**Reply:** Many thanks.

First at all, although the hypoglycemia, here allegedly associated with a Doege-Potter syndrome, is even part of the title, in the results there is no mention of it, and in the discussion this interesting syndrome has been touched only very lightly, which leads me to the question, whether an increased secretion of IGF-II had actually been proven, or whether it was just a hypothesis of the author. In compensation, the author delivers an overwhelming and in my opinion excessive overview about all aspects of SFT, things which the audience does already know. Thus, I would suggest to focus much more on Doege-Potter syndrome, an unusual condition of which many readers might indeed not be aware.

**Reply:** OK. We re-write our case report with much more focus on Doege-Potter syndrome in the section of (Discussion).

Reference 23 reports the experience of radiation treatment of meningeal hemangiopericytoma: I’m not sure how this should matter with the topic of the present case report.

**Reply:** OK, this reference was removed. We re-write the sections of (Discussion) and (References).

**Reviewer #4:**

I have read with an interest a paper entitled "Solitary fibrous tumor of the pleura: A rare mesenchymal tumor presented with hypoglycemia". The authors present a case of a patient with a solitary fibrous tumor associated with hypoglycemia. The paper is clearly written and easy to understand. However, I find it non-significant. The solitary fibrous tumor is not a common finding in the practice of general thoracic surgeons. Most of the patients are asymptomatic. Paraneoplastic syndrome associating SFT is a rare phenomenon. It is supported by one paper mentioning that SFT may be characterized by the paraneoplastic syndrome. The way of treatment of the disease was traditional.

**Reply:** It is important for physiscians and surgeons to be aware of rare conditions (even asymptomatic) to avoid misdiagnosis and to select proper preoperative investigations and operative procedures. In addition to presentation of our case, we reviewed the literature for updated management of SFT. We re-write our paper with more highlights on Doege-potter syndrome.

There is no information about the differential diagnosis of hypoglycemia and it should be clearly stated.

**Reply:** OK, we added more statements in (Discussion) regarding D.D. of hypoglycemia.

The quality of the attached images is poor - probably taken by a camera not an original image.

**Reply:** The images were replaced by higher quaility images.