

Format for ANSWERING REVIEWERS



September 11, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12190-review.doc).

Title: Rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma
A case report

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 12190

The manuscript has been improved according to the suggestions of reviewers:

- 1 Format has been updated
- 2 Revision has been made according to the suggestions of the reviewer
 - (1) The introduction is lacking information about RFA in patients with ICC. Photodynamic therapy is not a new technique.
 - > RFA, TACE, and photodynamic therapy were added from the 10th line on page 3.
 - (2) The origin of the patient, presumably Asian, is not defined.
 - Asian mentioned in the 2nd line on page 2 and 1st line on page 4.
 - (3) Other lab parameters like: GGT and LDH are not reported.
 - GGT and LDH were not tested on admission.
 - (4) It is not clear for me why so many diagnostic steps were performed: Why US, CT, MRT and PET-CT? This is no standard procedure.
 - > The patients had history of cholecystectomy with roux-en-Y hepaticojejunostomy because of IHD stones, and US was performed to find out the reason of abdominal pain. After abnormal finding of US, we performed enhanced CT and MRCP. PET-CT used for staging work-up, in Korea routinely.
 - (5) Treatment before the development of skeletal muscle metastases was no standard therapy. Why radiation? Why no combination of Gemcitabine + Cisplatin as first-line chemo?
 - Unfortunately according to Korean medical care insurance law, Gemcitabine + Cisplatin combination was not the first-line chemotherapy, therefore we tried clinical trial chemoradiotherapy.
 - (6) After the report of back pain and the confirmation of the muscle metastases Gem/Cis was given. Why no radiation against the pain in combination with Chemo?
 - > The patient complained multifocal metastatic muscle and bone pain, we couldn't give radiation therapy all lesions and the pain controlled after systemic chemotherapy.
 - (7) Table 1 is missing important information about the origin of patients, chemotherapy details, underlying liver disease, lab parameters, difference between intra- and extrahepatic cholangiocarcinomas.
 - > We tried to fill your requested data, but available information was limited.
 - (8) Figure 3: Wrong order of the labelling.
 - > corrected.
 - (9) Are all reported cases reflecting Asian patients? If yes, is there any difference to people from

Western countries ? This point should be discussed in more detail.

-> It is unclear and difficult to discuss more detail because only total 6 cases reported without exact information of ethnicities. However for your reference patient no 4 in table 1 was reported at Mayo clinic, in USA.

(10) The abstract should be focused the important results of this patient to support the conclusion that "a rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma"

→ "Here we report the first case quickly spread to multiple sites of muscle even though the three-month treatment, compare to the other cases reported muscle metastases at diagnosis. "added at the end of abstract.

(11) Discussion should be compared and discussed in term of sites, efficacy of treatment, follow-up, outcome after treatment of this patient to support the conclusion that a rapidly aggravated skeletal muscle metastases from an intrahepatic cholangiocarcinoma by comparison to the previously reported of 5-cases as mention in the Table1. Moreover, a novel finding from this case report which differ from the previously cases reported should also concluded.

→ It is unclear and difficult to discuss more detail because only total 5cases reported without exact information of treatment and outcome.

(12) The results should be consequently described from Fig.1A, 1B, 1C and 1D), followed by Fig. 2A and 2B, and then Fig3A-3D. The sequence of results can be divided into before and after treatment.

→ Supplementary figures were added.

(13) Figure 2A "An ultrasound-guided percutaneous needle biopsy of the low-echoic liver mass was performed; histopathology confirmed a poorly differentiated adenocarcinoma, which was positive for cytokeratins 7 and 19 (Figure 2A). However, Fig2A showed a poorly differentiated cholangiocarcinoma by H&E staining. It didn't support to the text, please check. Therefore, the immunohistochemistry for cyt7 and 19 are necessary to show for supporting in the text. The image of histological feature of cholangiocarcinoma didn't clearly seen, the higher magnification of these figures are required.

→ Supplementary figures were added.

(14) The arrows head are necessary to indicate in the areas as described in the text of Figure 1 and Fig3.

→ Corrected.

(15) On 1st page, missed postcodes-> added.

(16) The writing requirements for the comments → Corrected.

(17) For the figures, decomposable figures are required → corrected.

3 Requested language certificate letter by professional English language editing companies

→ We've asked AmEditor (www.ameditor.com) to send a recommendation letter.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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