

August 15, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Preoperative CA 125 is Significant Indicator of Curative Resection in Gastric Cancer Patients

Author: Kim Dae Hoon, Yun HyoYung, Ryu Dong Hee, Han Hye-Suk, Han Joung-Ho, Yoon Soon Man, M.D.

YounSei Jin

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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) Reviewer1

I don't think that the positivity of CA 125 and CA 19-9 may be used as biomarker to avoid unnecessary laparotomy. It's hard to accept the idea of non allowing patients the possibility of radical surgery just on such base. Staging laparoscopy with peritoneal lavage for cytology is mandatory in patients at advanced stage and/or the doubt of peritoneal disease. The correlation between preoperative positivity of CA 125 and peritoneal recurrence has anyway a prognostic value. It may be used to select sub-population of gastric cancer patients that can be submitted to adjuvant chemotherapy or intraperitoneal treatments (see HIPEC)

➔ Thank you for your excellent advice. I agree with you on your opinion. The positivity tumor marker may use to predict peritoneal carcinomatosis or recurrence. We think that the clinical application of CA 125 is indication of diagnostic laparoscopy or more aggressive treatment.

(2) Reviewer2:

This is an interesting trial presented by Dae Hoon Kim regarding preoperative CA 125 value as a significant indicator of curative resection in Gastric Cancer patients. The authors have retrospectively analyzed 679 patients with gastric cancer and managed to show that preoperative CA 125 is a useful predictive biomarker for curative resection and prognostic biomarker for recurrence in gastric cancer patients. Overall the trial is

well written, the language is satisfactory and the tables along with the figures are well organized. Nevertheless, some minor issues need to be clarified. Such as: in the results section the authors mention that: Recurrences after curative operation were 178 cases among 108 patients. (Clarification needed: 178 cases of recurrence among 108 patients? Several recurrences for the same patient?). hematogenous (n=64), peritoneal (n=44), loco-regional (n=40) and distant lymph node metastases (n =34), peritoneal dissemination (n=13), loco-regional recurrences (n=7).(The sum of recurrences is 202 not 178?. Please explain) I suggest that the trial merits to be published after a minor revision regarding the above mentioned concerns.

➔ Thank you for your brilliant recommendation. The number of patients who underwent curative resection was mistyping. The number of patients who underwent curative resection was 636. The total number of patients with recurrence 124, and 64 patients had two and more recurrence site. I correct the number of patients who underwent curative resection and I correct the number of recurrence pattern.

3 References and typesetting were corrected

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

Sincerely yours,

Corresponding author: Yun HyoYung, M.D., Ph.D

Department of Surgery, Chungbuk National University College of Medicine

410, Sungbong-ro, Heungduk-gu, Cheongju 361-763, Korea

TEL: +82-43-269-6032; FAX: +82-43-266-6037

E-mail: yunhyo@chungbuk.ac.kr