

August 31, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12756-review.docx).

Title: Gastrointestinal hemorrhage due to ileal metastasis from primary lung cancer

Author: Wei Liu, Wei Zhou, Weilin Qi, Yadan Ma, Yunyun Xu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 12756

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 authors did not write important laboratory data, including tumor markers. The authors should add laboratory data. Did the tumor markers elevate during the follow up time?

Actually, the tumor markers were in the normal range over the therapeutic procedure. Thus, we added the laboratory data as "Tumor markers were within normal ranges, including CEA which was 2.75 ng/mL. A complete blood count showed anemia with a hemoglobin (Hb) level of 9.6 g/dL."

- 2) In my view, the title should be changed: i.e. "Ileum metastasis from primary lung cancer" or "Small bowel occult bleeding from metastatic lung cancer"?

We have revised the title as "Gastrointestinal hemorrhage due to ileal metastasis from primary lung cancer".

- 3) What does it mean 18F-FDG metabolism imaging? It means that a full PET-CT scan was normal?

Actually, 18F-FDG metabolism imaging in our hospital is the SPECT/CT (Single-Photon Emission Computed Tomography). We reviewed the examination and found the SPECT/CT and brain magnetic resonance imaging were conducted when he received chemotherapy after the second surgery. It revealed there were no other metastases but only postoperative changes.

4) In the presented case, the patient postoperatively received four cycles of chemotherapy with gemcitabine/nedaplatin. Is it a well-established chemotherapy regimen for such a case with small-bowel metastasis? The impact and the clear-cut indication of chemotherapy in such a case should be discussed.

Chemotherapy turned out to be an effective therapy. Postoperative chemotherapy can improve the survival rate for these lung cancer patients. However, the chemotherapy regimen of small-bowel metastasis was not established. We searched the guideline for lung cancer and added "For the lung patient with distant metastasis...during the period of chemotherapy."

5) The potential role of capsule endoscopy for the diagnosis should be mentioned.

We added "Capsule endoscopy has the capability of providing visual images of the bowel and is superior in many aspects of gastrointestinal disease evaluation and management... However, it may have a limited role in patients with bowel perforation and obstruction."

6) The authors should present chest x-ray, chest CT, pathology of primary resected lung cancer. How about findings of abdominal CT at first surgery?

We agree that the chest CT of primary lung cancer is important. However, the patient received the chest CT in local hospital. We can not get his chest CT now. His chest x-ray revealed central lung cancer. In our hospital, the abdominal CT is not routine for patients with lung cancer. So it is a pity that we can not supply the images of abdominal CT at first surgery.

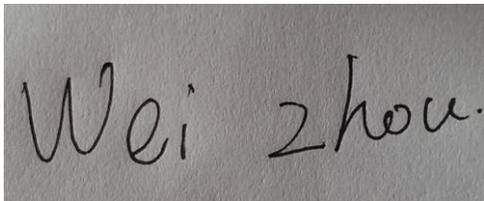
7) What was difference of prognosis of patients with small intestine metastasis from lung cancer depend on the histology of lung cancer? Which prognosis was better synchronous or metachronous small intestine metastasis from lung cancer? How about frequency and prognosis of patients with small intestine metastasis from lung cancer associated with other metastasis or recurrence site such as brain, liver, etc?

Due to the rarity of patients with small intestine metastasis from lung cancer, we did not calculate the difference of prognosis of patients with the different histology of lung cancer. And the difference of prognosis with synchronous or metachronous metastasis was also unknown. For other metastases, we added "Most patients had synchronous metastasis in other organs ... This implies that gastrointestinal metastasis is a late symptom of lung cancer and a poor prognostic sign in the course of lung cancer."

3 References and typesetting were corrected

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

Sincerely yours,

A rectangular image showing a handwritten signature in black ink on a light-colored background. The signature reads "Wei Zhou" in a cursive, slightly slanted script.

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