

July 25, 2015

Dear Editor,

We greatly appreciate the opportunity to improve the manuscript. The manuscript has been revised according to the comments. Please find the enclosed edited manuscript in Word format (file name: 18550-manuscript revised).

Manuscript Type: TOPIC HIGHLIGHT

Title: Evaluation and treatment of malignant ascites secondary to gastric cancer

Authors: Hiromichi Maeda, Michiya Kobayashi, Junichi Sakamoto

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 18550

1 Format has been updated according to the instruction from editorial office, *including reference number and address of institutions. (cover page)*

2 Revision has been made according to the suggestions of the Reviewer

Reviewer 33010 kindly gave three suggestions.

1) Pathogenesis of ascites in gastric cancer.

We agree that discussing the pathogenesis of disease is quite important for diagnosis and treatment. We added a whole image of the pathophysiology of ascites, which is multifactorial. Because they are closely related to each other and complicated, the factors are introduced in a list (table) instead of a figure, in order to simplify the explanation. We added new section and Table, and the number of the Table was revised accordingly. (Page 7 line 11- Page8 line 7)

2) Cytology, and chemical analysis after paracentesis.

We strongly agree with the reviewer in that cytology and chemical analysis of ascites obtained by paracentesis are quite important for the diagnosis of cancer-related ascites, especially at the initial stage of its evaluation. Positive cytology of ascites is diagnostic and being widely performed in clinical setting. Chemical analysis, such as LDH, albumin gradient, is also the important conventional analysis for the differential diagnosis of ascites. Especially, ascites CEA levels in addition to these examination should be considered when a clinician encounters a case in which the diagnosis is quite difficult.

We added these information on Page 8 line 9 - line16.

However, as we explained in the introduction of this TOPIC HIGHLIGHT, we would like to focus on the recent progress of radiological evaluation of the ascites, Clinical Benefit Response for gastric cancer (CBR-GC), and treatment. Thus, we consider that the explanation of this topic should be minimal in this manuscript.

3) P-value

Reviewer 33010 suggested to add the *P*-value for the comparison of the survival rate between the patients with positive- and negative-CBR-GC. However, the *P*-value is not provided in the original article, presumably because the number of the patients were still

small. However, this point should be clarified and we added the information. (Page 13 line 6)

During the revision of the manuscript, several references were added and the numbers were revised accordingly. We consider that the required files are also attached to this submission. Let us know if there is additional required form. Again, we greatly appreciate the helpful comments from the editor and reviewer.

Best regards,

Junichi Sakamoto, MD, PhD

Tokai Central Hospital, Sohara Higashijima-cho, Kakamigahara, Gifu, 504-8601, Japan.

Email: sakamjun@tokaihp.jp

Fax: +81-58-382-3101, Tel: +81-58-382-0229