

30 Nov, 2015

Dear Ze-Mao Gong

We deeply appreciate Reviewers' careful comments for our manuscript entitled, **"Occult gastric cancer with distant metastasis proven by random gastric biopsy"** (ESPS manuscript NO 23082). The comments were really helpful to make our manuscript more informative and valuable. We have revised our manuscript in response to reviewers' comments. The changes and responses to specific comments will follow at the Author Response. We hope that these changes would be satisfactory.

Thank you again for giving us important comments on our work. We hope you to consider this paper for publication in World Journal of Gastroenterology.

Best regards,

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# Response to the Reviewers

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 23082

**Title:** Occult gastric cancer with distant metastasis proven by gastric random biopsy

**Reviewer's code:** 00503563

**Reviewer's country:** Japan

Thank you very much for your comments regarding our manuscript. We answered your comments with point-by-point descriptions and changed the manuscript accordingly.

GENERAL COMMENTS The authors demonstrated the clinical utility of multiple random gastric biopsies for finding a primary gastric tumor site in patients with a Krukenberg tumor in this case report. Although this paper is informative and interesting, some revisions are needed.

Comment 1. Scale bars for the magnification should be indicated in Figure 2a and 2b.

Answer)

=> We appreciate the reviewer with helpful recommendation.

We applied scale bars for the magnification as you recommended.

Because we added the figure of CT and PET-CT scan as Figure 1, the number you mentioned as Figure 2a and 2b was changed to Figure 3a and 3b

Thank you again for your very important comment.

Comment 2. Computed tomography should be indicated as a Figure 3.

Answer)

=> Thank you for the delicate suggestion. This reviewer's comment was very helpful for us to revise our manuscript more informatively.

[We added a figure of CT as you recommended.](#)

We inserted CT as a Figure 1 in order to keep the illustration rules that all figures must be presented in the order. To help reader's understand, we added the PET-CT scan as well.

Comment 3. Why didn't the authors perform staging laparoscopy for the diagnosis of primary site and the detection of occult peritoneal metastases?

Answer)

=> We appreciate your keen comments.

["It is important to note that the patient's performance status contraindicated an invasive procedure, and consequently we did not perform any surgical procedures, such as staging laparoscopy."](#)

We inserted this explanation into page 6, line 11.

We believe that this report might be improved because of your careful comments. Thank you very much.

# Response to the Reviewers

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 23082

**Title:** Occult gastric cancer with distant metastasis proven by gastric random biopsy

**Reviewer's code:** 01588319

**Reviewer's country:** Taiwan

We appreciate for your thoughtful comments that allow us to enhance our case report. As following answers, we have changed our manuscript accordingly.

Minor comments: 1. In page 4, the authors claimed that "Until now, there has been no case yet in which the primary origin of a Krukenberg tumor was onfirmed via endoscopic random biopsies.", which is not proper. The authors should check related papers published in 2014.

Answer)

=> We think your comment is reasonable.

As your careful recommends, we revised our report from "Until now, there has been no case yet in which the primary origin of a Krukenberg tumor was confirmed via endoscopic random biopsies." to "[Although there has been a similar case report from Japan with identification during autopsy<sup>\[7\]</sup>, the case we are reporting here is the first of Krukenberg tumor for which the primary origin was confirmed via random endoscopic biopsy.](#)" into page 5, line 12.

After you mentioned about the papers published in 2014, we checked it and found

an article from Japan, named “A Krukenberg Tumor from an Occult Intramucosal Gastric Carcinoma Identified during an Autopsy”<sup>[7]</sup>. Though their case was very similar to our case, still our case has several unique points. First, our case was diagnosed when the patient was alive. Second, endoscopic random biopsy was used to diagnose the disease. Third, through this case, we suggested a diagnostic option for the patients of Krukenberg tumor with occult primary cancer. Knowing the primary cancer will allow oncologists to choose better therapeutic options. We think that endoscopic random biopsy have a critical role for selected patients. This will be the most valuable point of our case from the others. We added the case report as a reference number 7.

7 Nakamura Y, Hiramatsu A, Koyama T, Oyama Y, Tanaka A, Honma K. A Krukenberg Tumor from an Occult Intramucosal Gastric Carcinoma Identified during an Autopsy. *Case Rep Oncol Med* 2014; 2014: 797429 [PMID: 25386374 DOI: 10.1155/2014/797429]

Thank you for your comment. Your comment reinforces our manuscript.

Comment 2. Please give a more detailed description for random biopsy performed in this study.

Answer)

=> We completely agree with the reviewer’s comment.

We changed from “The random biopsies were performed in the antrum and the body four times and nine times, respectively.” to “Random biopsies were taken from antrum (2 biopsies on the lesser curvature and 2 on the greater curvature) and body (1 biopsy on the lesser curvature and 4 on the greater curvature)” into page 6, line 16.

Comment 3. For this case, why the authors did not test other sites such as colon?

Answer)

=> We appreciate the reviewer with helpful recommendation.

“To identify primary origins, gastroscopy and colonoscopy were performed, but showed no abnormal lesions”

The colonoscopy was performed and its result was normal. To clarify this, we inserted this explanation into page 5, line 24.

We believe that this report might be improved because of your careful comments.

Thank you very much.