December 11, 2017

Editor-in-Chief,

World Journal of Gastroenterology

RE: Manuscript #37106

Please find enclosed our revised manuscript entitled "Sequential spinal and intracranial dural metastases in gastric adenocarcinoma: A case report", which we would like to resubmit for publication as a *Case Report* in *World Journal of Gastroenterology*.

We thank reviewer for his helpful and careful revisions, which have helped us to improve the manuscript. We have revised the manuscript in accordance with the reviewer's comments. The changes to the revised manuscript are highlighted in in blue (response to reviewer's comments) or red (additional changes). Below is a summary of the revisions, followed by our point-by-point responses to the reviewer's comments. We believe that we have addressed all the reviewer's concerns and hope that the manuscript is now suitable for publication in the *World Journal of Gastroenterology*.

We will be happy to provide further information or make further revisions if required. Thank you very much for your consideration.

Please address all correspondence to: Hye Sook Han, M.D., Ph.D., Department of Internal Medicine, College of Medicine, Chungbuk National University, Chungdae-ro 1, Seowon-gu, Cheongju, 28644, South Korea. Tel.: +82-43-269-6306; Fax: +82-43-273-3252; E-mail: sook3529@hanmail.net.

Yours sincerely,

Hye Sook Han, M.D., Ph.D.

Point-by-point responses

Major comments
1. Authors should showed information of primary gastric cancer, such as endoscopic findings, clinical stage, pathological findings, location and size. In addition, it will be better to add endoscopic pictures of primary gastric cancer.
As you suggested, we described information of primary gastric cancer at the time of diagnosis. ▶ CASE REOPRT, page 6~7 She had a history of advanced gastric adenocarcinoma that was diagnosed in September 2014 and had undergone subtotal gastrectomy followed by adjuvant capecitabine and oxaliplatin chemotherapy for 6 months. → She had a history of advanced gastric adenocarcinoma that was diagnosed in September 2014. Esophagogastroduodenoscopy revealed a 3 cm sized ulcerofungating mass on the anterior wall of the greater curvature of the gastric body (Figure 1), and endoscopic biopsy confirmed a histologic diagnosis of poorly cohesive carcinoma. A computed tomography (CT) scan of the abdomen revealed lymph node enlargement in the perigastric area and no evidence of metastasis, the clinical stage was determined as T3N1M0, cStageIII. She underwent a subtotal gastrectomy with D2 lymph node dissection, and the postoperative pathologic findings were poorly cohesive carcinoma (pT4aN2M0, pStageIIIB). She was treated with adjuvant capecitabine and oxaliplatin chemotherapy for 6 months. ▶ FIGURES, page 14 Figure 1 Esophagogastroduodenoscopy revealed a 3 cm sized ulcerofungating mass on the anterior wall of the greater curvature of the gastric body.
2. As authors suggested, in patients with gastric cancer, central nervous system metastasis is a very rare manifestation, occurring in 0.16–0.69% of patients. It is unclear whether authors should distinguish between dural metastasis and central nervous system metastasis.
The central nervous system metastasis and dural metastasis are not distinct metastatic pattern, and dural metastasis is included in the central nervous

system metastasis. As you indicated, we have change that sentence in Introduction section.

▶ INTRODUCTION, page 6

Central nervous system metastasis is a very rare manifestation of gastric cancer, occurring in 0.16–0.69% of patients, and mostly consists of brain parenchymal metastasis or leptomeningeal carcinomatosis[4]. Dural metastasis, also called pachymeningeal metastasis, has been observed in cases of gastric cancer with systemic metastasis, but primary gastric cancer presenting with concomitant dural metastasis has been rarely reported[5-9].

→ Central nervous system metastasis is a very rare manifestation of gastric cancer, occurring in 0.16–0.69% of patients, and mostly consists of brain parenchymal metastasis or leptomeningeal carcinomatosis[4]. Dural metastasis of all central nervous system metastasis has been rarely reported in cases of gastric cancer [5-9].

3. Dural metastases of extraneuronal malignancies are detected in approximately 10% of autopsy cases. The most common neoplasms associated with dural metastasis are breast, prostate, and "gastrointestinal cancer". How about gastric cancer of gastrointestinal cancer?

The relatively common neoplasms associated with dural metastasis (accounting for more than 10% of patients with dural metastasis) are breast, prostate, lung cancer, melanoma, and hematologic malignancies. However, dural metastasis in gastrointestinal cancer (colorectal, gastric, pancreatic, hepatobiliary cancer) is rare. Moreover, dural metastasis in gastric adenocarcinoma has been rarely reported. Therefore, we have changed that sentences in Discussion section.

▶ DISCUSSION, page 8

Dural metastases of extraneuronal malignancies are detected in approximately 10% of autopsy cases[10]. The most common neoplasms associated with dural metastasis are breast, prostate, lung cancer, melanoma, and gastrointestinal cancer[11,12].

→ Dural metastases of extraneuronal malignancies are detected in approximately 10% of autopsy cases[10]. The relatively common neoplasms associated with dural metastasis are breast, prostate, lung cancer, melanoma, and hematologic malignancies[11,12]. However, dural metastasis in gastric

adenocarcinoma has been rarely reported[5-9].
4. Authors can delete Fig 4.
As you indicated, we deleted Figure 4.
▶ CASE REOPRT, page 8 Moreover, metastatic adenocarcinoma cells were observed by cerebrospinal fluid cytology (Figure 4). → Moreover, metastatic adenocarcinoma cells were observed by cerebrospinal fluid cytology~~(Figure 4)~~. ▶ FIGURES, page 18 Figure 4 Cerebrospinal fluid smear revealed malignant cells with large pleomorphic nucleus and abundant cytoplasm, diagnostic of the metastatic adenocarcinoma (H and E, ×400). → ~~Figure 4 Cerebrospinal fluid smear revealed malignant cells with large pleomorphic nucleus and abundant cytoplasm, diagnostic of the metastatic adenocarcinoma (H and E, ×400).~~