

Dear Editor,

World Journal of Gastrointestinal Oncology

Manuscript NO.: 46945

‘Gastric submucosa-invasive carcinoma associated with Epstein-Barr virus and endoscopic submucosal dissection: A report of two cases and review of the literature’

Thank you very much for reviewing our manuscript and giving us an opportunity to re-submit it. We revised our manuscript following reviewer’s comment and will show answer to reviewer’s comment.

We look forward to learning your decision.

Sincerely yours,

Hiroki Tanabe

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Answer to reviewer's comments

Comments

The authors reported two cases of gastric submucosa-invasive carcinoma associated with Epstein-Barr virus and reviewed literature. This is an interesting case. The discussion is well presented, though, some doubts need to be clarified.

We sincerely thank for showing interest in our case presentation. Answers to queries will be shown below.

Question

The authors claims that endoscopic resection is considered for tumors that have a very low possibility of lymph node metastasis and are suitable for en-bloc resection, why both the two cases were suggested to perform radical surgery?

Answer

Thank you for very important question.

We reported two cases of EBV-positive early gastric cancer. Gastric cancer type was found to be poorly differentiated type invading the submucosa. According to guidelines, the poorly differentiated carcinoma with this depth sometimes shows lymph node metastasis and therefore radical surgery is recommended. We revised our manuscript below.

Our review indicated the possibility that EBV-associated gastric carcinoma can be a specific subtype of poorly differentiated carcinoma with less frequent lymph node metastasis.

FINAL DIAGNOSIS

Case 1 and Case 2

Submucosa-invasive GCLS, EBV-positive

Both patients were recommended to undergo additional distal gastrectomy because there is a risk of lymph node metastasis when poorly differentiated gastric carcinoma is invading the submucosa (Page 9)

Question

Any sign of lymph node metastasis before the ESD was performed?

Answer

Both cases underwent computed tomography because of the long-term observations before ESD. There was no lymph node metastasis.

Computed tomography (CT) did not revealed gastric tumor or lymph node swelling. (Page 7)

CT did not revealed gastric tumor or lymph node metastasis. (Page 9)

Comment

The language needs to be polished.

Answer

I am recognized our poor English. The manuscript submitted at the first time was checked by a native English speaker. We asked language edition to Nature Publishing Group Language Editing for re-submission this time. We will attach the certification.