

ANSWERING REVIEWERS



October 29, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5532-review.doc).

Title: An extremely rare case of pancreatic metastasis of esophageal squamous cell carcinoma

Author: Hiroshi Okamoto, Yasuyuki Hara, Masahiro Chin, Motohisa Hagiwara, Yuji Onodera, Shinichiro Horii, Yasuhiro Shirahata, Takashi Kamei, Eiji Hashizume, Noriaki Ohuchi

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5532

The revised parts were underlined in the manuscripts.

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) A more thorough knowledge of pancreatic metastasis may be obtained by further reading of the abstracts in Chinese journals where ESCC are more prevalent.

Reply: Thank you for reviewing our paper. Unfortunately, we found no other reports on PubMed of pancreatic metastasis in ESCC. However, we were able to source an excellent document on pancreatic metastasis that supported surgical treatment in the *World Journal of Gastroenterology*, and added this to the Discussion and Reference sections.

(2) This is a very interesting case report.

Reply: We appreciate that you found our paper interesting.

(3) The authors reported a case of pancreatic metastasis of esophageal squamous cell carcinoma (SCC). This case has been reported as a 4th case of these series in the English literature. This patient was received distal pancreatectomy and had no recurrence for seven month after surgery. There are many comments and queries. 1. Pancreatic metastasis was found by routine CT after esophageal cancer treatment. How often did they perform routine CT in a year? Were there any findings that have missed in the previous CT retrospectively? 2. CT and PET CT were performed as diagnostic methods for this tumor. Authors should describe the more specific findings of these radiological imaging. I also would like to know the results of another diagnostic modality such as ultrasonography, if they performed it. 3. Authors should discuss about the difference of metastasis from esophageal cancer and another cancer such as lung cancer. 4. Recently, it has been reported that EUS FNA was useful to acquire the pathological diagnosis of various pancreatic tumor preoperatively. Authors did not perform EUS FNA in this case. Was there any reason for this matter? 5. Many literatures reported that the prognosis of primary pancreatic SCC was poor. However, authors concludes that resection of pancreatic metastatic SCC offers a good prognosis. Another three reports of this series did not show long survival of these patients by all means. They should indicate the qualification for the surgical treatment. 6. Please show the image of pre-, post- chemoradiotherapy and a local recurrence on esophageal carcinoma. 7. As for the reconstruction after esophagectomy, are there any reasons for using colon instead of gastric tube? 8. Do you use NCC-ST-439 as tumor marker in the follow-up for pancreatic or esophageal cancer? 9. What kind of anticancer drugs did you administer as adjuvant chemotherapy after pancreatectomy? 10. I think that there are some characteristics of pancreatic metastasis by primary organ. For example, CT

shows hypervascularity in the pancreatic metastasis from renal cell carcinoma. You initially diagnosed the patient with pancreatic cancer at first, primarily on the basis of the results of imaging. On the basis of final pathology, do you have any suggestions for difference between primary pancreatic cancer and pancreatic metastasis of esophageal squamous cell carcinoma? Show some characteristics of image of pancreatic metastasis of esophageal squamous carcinoma if possible. 11. Halation is too strong in Figure 2 and it is difficult to recognize squamous cell carcinoma in A and B in Figure 3.

Reply: Thank you for your review and your helpful comments.

1. We performed routine CT twice per year. There was no CT evidence of a tumor in the 6 months prior to the discovery of the pancreatic tumor.

2. We have added more information regarding the tumor as observed in the CT and PET-CT images. Although we performed ultrasonography, the tumor was not clearly visualized. We also performed a MRI, but this did not detect the tumor.

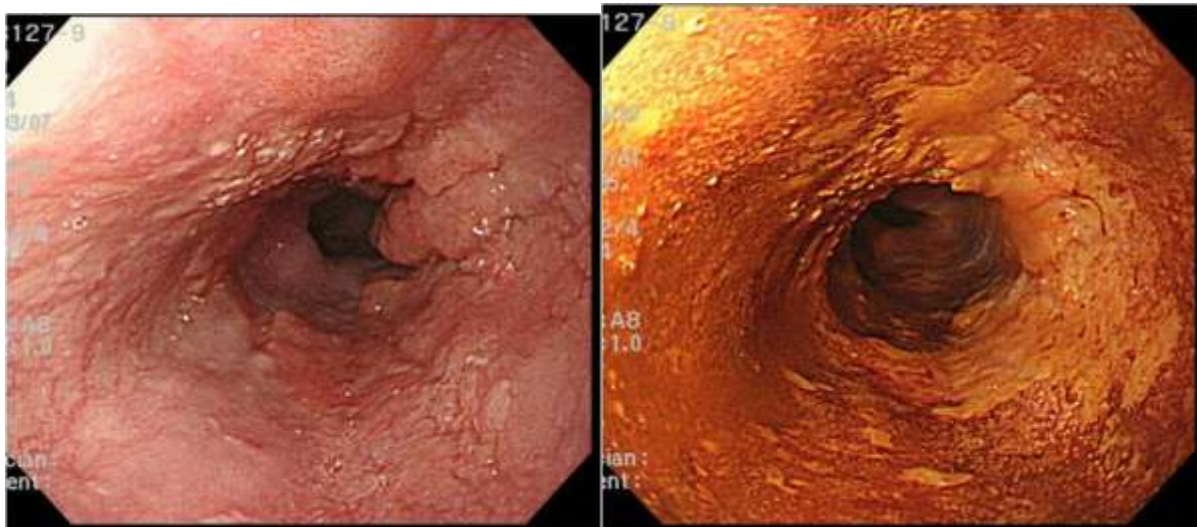
3. The preoperative differential diagnosis was a pancreatic cancer or metastasis from an esophageal cancer; there was no evidence to suggest primary cancer at another site. Therefore, we believe that discussing the differences between esophageal and non-esophageal cancer metastases is unnecessary. The prognosis after pancreatectomy is associated with the primary cancer type, and we highlighted this in our Discussion.

4. EUS FNA was considered difficult because of the patient's history of gastrectomy for gastric ulcer, 33 years previously.

5. Two of the three reports on pancreatic metastasis of esophageal SCC demonstrated that successful resection may offer a good prognosis. We also wanted to demonstrate that resection of a solitary pancreatic metastasis improves the prognosis.

6.

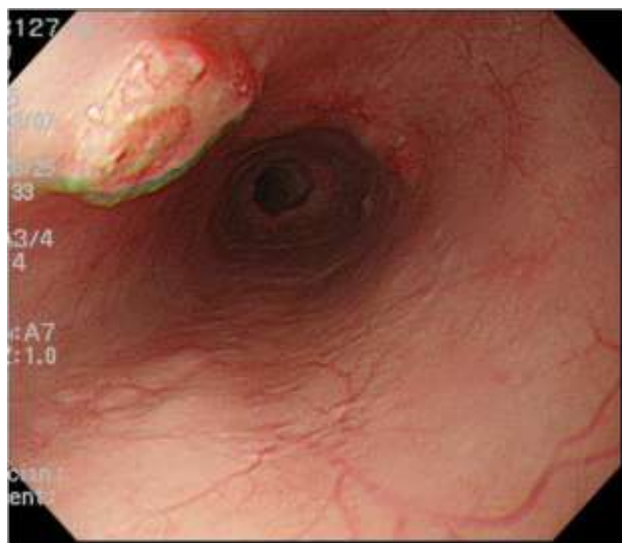
Pre-chemoradiotherapy endoscopic findings



Post-chemoradiotherapy endoscopic findings (“<1” indicates the biopsy location that was negative for malignancy)



Endoscopic finding of local recurrence



7. Because the patient’s history included gastrectomy for gastric ulcer 33 years earlier.

8. No, we did not use that marker. We measured Pan-1, DUPAN-2, and NCC-ST-439 because we suspected that the tumor was pancreatic in origin.

9. Following the pancreatectomy, we administered intravenous cisplatin and a continuous 5-fluorouracil infusion for adjuvant chemotherapy. We have added this information to the manuscript.

10. We have improved the CT and PET-CT description of the tumor. However, we believe that to distinguish the tumors radiologically is difficult (i.e., primary pancreatic cancer from esophageal squamous cell carcinoma metastasis). It is possible that the tumor was too small to be seen.

11. The figures were replaced, and we added high power field images of the esophageal SCC to allow easier recognition.

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink that reads "Hiroshi Okamoto". The script is fluid and cursive, with the first name and last name clearly distinguishable.

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