Response to Reviewers Comments

We thank the Reviewers for their helpful comments. Please find below our responses to the Reviewers' comments. We have also incorporated the suggested changes and highlighted them in yellow in the revised manuscript.

Responses to Reviewer # 1

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Overall interesting paper, however, in need of improvements. When the first world, i.e., Title, is misspelled, it suggest very little attention to the details. This is particularly clear in References section, where almost every reference is formally wrong. Caps in wrong places, the journals cited differently etc. Needs complete revision. Introduction needs better explanation why the study was done and why is novel. Material and Methods is fine, but the conclusion does not fully reflect the findings and need to be re-written.

We apologize for the oversight. We have carefully revised the title and the references. And the title was revised as "Clinical Characteristics and Survival of patients with Normal-Sized Ovarian Carcinoma Syndrome: a 10-year single-institution retrospective analysis".

Thank you for your suggestion. We have rewritten the second and third paragraphs of the Introduction to better show the importance and novelty of this study as "The early clinical manifestations of NOCS are not obvious and easy to be ignored, and the late clinical manifestations are not representative, which usually present signs and symptoms include bloating and abdominal pain, which reflect a diffuse progressive abdominal condition caused by ascites. Surgical exploration of ovarian mass accepted currently is a mass diameter greater than 5 cm; however, the pelvic mass of NOCS patients is less than 5 cm. Because NOCS patients have small masses and mild accompanying symptoms, which often are easily overlooked by clinicians, most patients have elevated tumor markers and massive ascites, and thus, the disease has reached advanced stages when it is diagnosed and treated. Therefore, the definite diagnosis of benign ovarian lesions, tumor-like lesions and timely surgical exploration is extremely important. However, it is difficult to find primary lesions by imaging examination due to its mass size (less than 5×5 cm). It was reported that computer tomography (CT) and Magnetic Resonance Imaging (MRI) showed normal-appearing ovaries, ascites, peritoneal thickening, and mesenteric or omental involvement which was atypical. A recent study has demonstrated that Positron emission tomography/Computer tomography (PET/CT) has a relatively high detectability of ovarian cancer and other abdominal primary cancers, which may play a role to discern the site of origin, but it is expensive and not widely used. It is difficult to diagnose at clinical due to its atypical clinical manifestations and imaging examination, and the misdiagnosis rate is very high, 38.2%-100% in previous reports, which brings great difficulties to clinical work and effective treatment. Therefore, early diagnosis

and timely treatment are of utmost significance to guarantee the life safety of NOCS patients, which is an urgent problem to be solved.

Primary ovarian carcinoma usually exhibits biological behavior; its growth is local at the primary lesion at first, and then metastasizing to distant sites. The histology of NOCS was reported to be the same as common epithelial ovarian cancer with variable degrees of differentiation but has a great tendency to spread externally and no local increase. What is the difference between the development of NOCS and the abnormal size ovarian carcinoma in the occurrence, development and prognosis of the disease? As the rarity of NOCS, studies are scarce and have relatively small sample sizes and/or short follow-up periods. Furthermore, because of its low incidence, treatment is temporarily referred to ordinary ovarian cancer, but its clinical characteristics and prognosis and the differences with abnormal size ovarian cancer are not clear. Therefore, although NOCS has been named for nearly 30 years, its biological behavior still needs evidence-based medical data for confirmation.".

And the conclusion was rewritten as "In summary, NOCS is a rare and aggressive disease with poor prognosis. The clinical symptoms of the NOCS group is atypical and the misdiagnosis rate is high. Ascites cytology and laparoscopic exploration are valuable in the early diagnosis to avoid a misdiagnosis. The levels of CA199 is the most important predictors of overall survival, and more than 6 cycles of chemotherapy contributes to the increased survival rates of NOCS patients".

Responses to Editorial Office's comments

(1) Science Editor:

1 Scientific quality: The manuscript describes a retrospective cohort study of clinical characteristics and survival of patients with normal-sized ovarian carcinoma syndrome. The topic is within the scope of the WJCC.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: Overall interesting paper, however, in need of improvements. Introduction needs better explanation why the study was done and why is novel. Material and Methods is fine, but the conclusion does not fully reflect the findings and need to be re-written;

(3) Format: There are 5 tables and 4 figures. A total of 16 references are cited, but no references published in the last 3 years were cited. There are no self-citations.

Thank you for your suggestion. We have added references published in the last 3 years were cited.

1. Yong SL, Dahian S, Ramlan AH, Kang M. The diagnostic challenge of ovarian carcinoma in normal-sized ovaries: a report of two cases. Horm Mol Biol Clin Investig. 2018; 35(1): /j/hmbci.2018.35.issue-1/hmbci-2018-0043/hmbci-2018-0043.xml. Published 2018 Aug 11. doi:10.1515/hmbci-2018-0043.

2. Paik ES, Kim JH, Kim TJ, et al. . J Gynecol Oncol. 2018;29(1):e13. doi:10.3802/jgo.2018.29.e13.

3. Shim SW, Shin SH, Kwon WJ, Jeong YK, Lee JH. CT Differentiation of Female Peritoneal Tuberculosis and Peritoneal Carcinomatosis From Normal-Sized Ovarian Cancer. J Comput Assist Tomogr. 2017;41(1):32-38.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by Elsevier was provided.

Thank you for your suggestion. We already have provided a language editing certificate.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the CrossCheck detection and Bing search.

Thank you for your comment.

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by National Natural Science Foundation of China, Natural Science Foundation of Hubei Province, Hubei Province Health and Family Planning Scientific Research Project, and National Key Technology Research and Development Program of China. The topic has not previously been published in the WJCC. The corresponding author has published 1 articles in the WJCC. 5 Issues raised:

(1) I found no "Author contribution" section. Please provide the author contributions;

We apologize for the oversight. We have added the author contributions in the revised manuscript.

Author contribution

NY: protocol/project development, data collection or management, data analysis, manuscript writing/editing. XL: protocol/project development, manuscript writing/editing. BY: data collection or management, manuscript writing/editing. JC: protocol/project development, manuscript writing/editing. MW: manuscript writing/editing. JW: protocol/project development, manuscript writing/editing. KL: protocol/project development, data collection or management, data analysis, manuscript writing/editing.

(2) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

We apologize for the oversight. We have provided the approved grant application form(s).

(3) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

We apologize for the oversight. We have provided the original figures.

(4) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

We apologize for the oversight. We have provided the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Unfortunately, some reference didn't have DOI, thus we only provide PMID.

(5) I found the authors did not write the "article highlight" section. Please write the "article highlights" section at the end of the main text;

Thank you for your suggestion. We have provided the "article highlight" section.

(6) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces;

We apologize for the oversight. We have revised the references in Arabic numerals according to the citation order in the text.

(7) please don't include any *, #, †, §, ‡, ¥, @….in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP < 0.05, bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP < 0.05 and dP < 0.01 are used, and a third series of P values is expressed as eP < 0.05 and fP < 0.01.

Thank you for your suggestion. We have revised all P values according to your request.

6 Re-Review: Required.

7 Recommendation: Conditionally accepted.

(2) Editorial Office Director: I have checked the comments written by the science editor.

(3) Company Editor-in-Chief: I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.