

Dear editor,

Thank you very much for your letter and advice. We have revised the paper, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewer and science editor, the amendments are highlighted in red in the revised manuscript. We hope that the revision is acceptable, and I look forward to hearing from you soon. Once again, thank you very much for your comments and suggestions.

With best wishes,

Yours sincerely,

Zhiwei Wu

Round-1

Replies for the Reviewer1:

Question 1: What is the result of gastroscopy (and gastric biopsy) of this patient?

The patient refused gastroscopy after lung tumor operation. Thus, gastroscopy was not performed.

Question 2: Is the final diagnosis of this patient "gastric cancer with lung metastasis"? If so, what is the reason of inferior lobectomy plus lymph node dissection? Is there any result of frozen section during surgery? And what about the pathology of lymph nodes? Was there any PET/CT before surgery?

The diagnosis of the patient: 1. lung metastasis after resection of gastric cancer; 2. Left lung adenocarcinoma (pT1N0M0 ia stage). Because the patient had gastric cancer surgery 15 years ago, and his condition was stable during this period. When the lung tumor was found, it was considered to be the primary focus, so the inferior lobectomy plus lymph node dissection was performed. No frozen section was made during surgery. Metastasis was found in 14 / 15 lymph nodes, including 3 / 3 para bronchial lymph nodes, 7 / 7 (Group 7 lymph nodes) and 4 / 5 (Group 11 lymph nodes). All lymph node metastases were morphologically consistent with the origin of gastric adenocarcinoma. PET-CT was not performed before operation.

Question 3: If patient has two primary tumors (lung and gastric cancer), and if gastric cancer was found within lung tumor (tumor within a tumor), what is the characteristics of primary lung tumor (NSCLC)?

Postoperative pathology: (right lower lung) invasive adenocarcinoma, mainly acinar type, vascular and nerve invasion (-). The shape of atypical glands in the small focus area was significantly different from that of the main tumor. The cytoplasm was rich in mucus, and most of the tumor cells were located in the lymphatic vessels. Combined with the history and enzyme labeling results, it was considered that the small focus area was metastasis of primary gastrointestinal tumor (gastric cancer).

Replies for the science editor:

We have read the comments and revised the manuscript.

Round-2

Question: After the revision, this case report may be published. I recommend only one more correction: In the final diagnosis, left lung adenocarcinoma should be corrected as right lung lower lobe adenocarcinoma.

Thank you very much for correcting our mistake and giving the comments. We have revised the manuscript according to the comments, the amendments are highlighted in red in the revised manuscript.

Lung metastasis after resection of gastric cancer; right lung lower lobe adenocarcinoma (pT1N0M0 IA stage).