

Dear Editors of the *World Journal of Critical Care Medicine*,

We are sending you the revised manuscript entitled: **“Gastric cancer with concurrent pancreatic schwannoma: case report and literature review”**.

The manuscript was revised according to the reviewers’ comments and response to the queries is provided below. Text modifications are highlighted in red in the manuscript.

We are glad for the opportunity to send the revised manuscript to this renowned journal.

Thank you in advance for your time, and for the excellent comments on our work.

Respectfully,

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## **Response to the Reviewer’s Comments**

### **Reviewer #1:**

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: No

### **Reviewer #2:**

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The manuscript “GASTRIC CANCER WITH CONCURRENT PANCREATIC SCHWANNOMA: CASE REPORT AND LITERATURE REVIEW” by Mateus Barradas Ribeiro et al presents an interesting case report, i.e. a unique case of gastric adenocarcinoma concurrent with a pancreatic schwannoma. However, the manuscript presents two substantial critical points:

1) In the core tip the authors state that “...Correct intraoperative staging with histopathologic examination was essential in treatment decision-making...” and in the conclusions they state that “...Intraoperative staging with histopathologic examination was decisive in the adequate management of this patient...”. However, according to the

description of the case report, the authors decided to proceed with the surgical resection of the tumors without a definite diagnosis of the pancreatic mass at the preoperative evaluation, and the diagnosis of schwannoma was not obtained intraoperatively but only after pancreatic resection and Hematoxylin-Eosin staining and Immunohistochemical analysis of S-100 proteins of the surgical specimen. It appears that the authors decided to proceed with total gastrectomy with D2 lymph node dissection plus distal pancreatectomy and splenectomy based only on the macroscopic appearance of the two tumors at laparotomy. The authors should better explain why they decided to proceed with the surgical exploration and then with the resections of the tumors. Their explanations could be included in a paragraph discussing the diagnostic evaluation, i.e. the diagnostic reasoning that includes other diagnoses considered and challenges, as suggested in the CARE Checklist, while their intraoperative strategy should be clearly explained, possibly in the Treatment paragraph, indicating whether an intraoperative histopathological evaluation was available, conditioning the final decision to proceed with the resection of both tumors. Consequently, the presentation of the case report should be profoundly modified, following the recommendations of the CARE checklist more closely.

Our case description was altered as suggested considering the reasoning behind this surgical approach. As described in our literature review, and summarized in the new table presented, pancreatic schwannomas are usually excised without a definitive diagnosis. Different imaging methods and attempts to biopsy, such as EUS-FNA, fail to differentiate schwannomas from other solid, cystic and solid-cystic tumors. Thus, pancreatectomy and duodenopancreatectomy are the two major surgeries performed in these cases here presented, considering intra-operative examination in these cases usually present as large well-defined lesions, which are able to be radically resected.

Here, we provide an even more challenging case, a patient with gastric cancer in close contact with an unknown large pancreatic lesion, in close contact with stomach wall, with no signs of invasion or distant metastasis, suggesting that both tumors could be excised together, with few technical difficulties, respecting oncologic principles, and providing a definitive treatment for both lesions. Intraoperative examination and staging remain essential in surgical treatment of gastric and pancreatic lesions. Moreover, intraoperative histopathologic examination may help the surgeon decision-making, however, often does not provide definitive diagnosis, as discussed in literature, and as immunohistochemistry plays an important role in histopathology confirmation, maintaining radical surgery as a good approach in these situations of large tumors and/or unknown diagnostic.

2) The literature review is inconsistent. Pancreatic schwannomas are generally benign tumors, so conservative pancreatic resections should be considered in selected cases when a correct diagnosis has been made prior to surgery. Furthermore, authors should propose one or more tables to summarize the most relevant results of the literature.

We added a paragraph concerning enucleation of the pancreatic schwannoma as a good treatment option. We highlight the diagnostic challenges in the discussion and in commentary number 1 above. We also provide a new table of results considering the surgical approach in articles presented in our literature review.

**(1) Science editor:**

The authors should better explain why they decided to perform surgical exploration and then remove the tumor. The presentation of case reports should be profoundly revised to follow the recommendations of the CARE checklist.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade C (Good)

As suggested, this subject was better presented in the revised manuscript and the case presentation improved.

**(2) Company editor-in-chief:**

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Critical Care Medicine, 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. 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.

As requested, the editable figures were submitted in Power Point.