

## Response to the Editors



July 18<sup>th</sup>, 2014

Dear Dr. and Prof. Lian-Sheng Ma, President and Company Editor-in-Chief of *World Journal of Gastroenterology*

Please find enclosed the edited manuscript in Word format (file name: WJG Yamada for malignant PEComa0717.doc).

Title: **Coincidence between malignant PEComa arising in the gastric serosa and lung adenocarcinoma**

Author: Sohsuke Yamada,\* Atsunori Nabeshima, Hirotsugu Noguchi, Aya Nawata, Hisae Nishii, Xin Guo, Ke-Yong Wang, Masanori Hisaoka, Toshiyuki Nakayama

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11480

In accordance with the editors' and reviewers' significant and valuable suggestions, we have extensively revised our original case report (ESPS Manuscript NO: 11480). We would like to re-submit the revised version entitled "**R1: Coincidence between malignant PEComa arising in the gastric serosa and lung adenocarcinoma**". 1) Format has been updated; 2) Revision has been made according to the suggestions of the reviewer; and 3) References and typesetting were corrected.

Thereby, we believe that the additional discussion and accompanying revisions have greatly improved the quality of our manuscript. Our responses to the reviewers' and editors' comments, as well as the changes made to the manuscript are provided below. Changes made to the manuscript in response to the reviewers' comments are indicated with bold font and/or underlining. We hope that the revised manuscript is now suitable for publication in your journal.

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

Sincerely yours.

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## Response to Reviewer 1

Incremental gain in knowledge was considered modest, and this case report needs revising.

**1. The paper needs editing by a native English speaker.**

**Response:**

Thanks so much for the reviewer's significant comments. As recommended, a native English-speaking scientific editor carefully checked the revised manuscript again, in order to make it more precise and readable. We followed the editor's advice and revised the manuscript thoroughly.

**2. As a case report, this paper is too long; and the structure of this paper is not the format of case report**

**Response:**

According to the format of case report for the World Journal of Gastroenterology, we have extensively revised our manuscript, newly and simply entitled "**R1: Coincidence between malignant PEComa arising in the gastric serosa and lung adenocarcinoma**".

**3. The figure 1.B showed that the mass was near to retroperitoneal, the fat gap between the mass and stomach was clearly, it could not show that this mass originated from stomach, you should offer typical pictures.**

**Response:**

Thanks so much for the reviewer's kind and significant comments. We agreed to these comments. In accordance with them, we have replaced the previous figure 1B with new typical picture.

**4. Page12. This middle-aged male patient suffered from multifocal malignancy including thyroid papillary carcinoma, but this was not mention in the abstract, clinical summary and pathological findings.**

**Response:**

Thanks so much for the reviewer's kind and significant comment. We agreed to the

reviewer. As indicated by the reviewer, we have added the following text to the 'Abstract' part (underlined):

“.....Therefore, we finally made a diagnosis of malignant perivascular epithelioid cell tumor (PEComa) arising in the gastric serosa, combined with primary lung adenocarcinoma. **Furthermore, small papillary carcinoma of the thyroid gland was identified.....**”.

## Response to Reviewer 2

### General comment

This is a well written case report about PEComa arising at the serosal side of the stomach. What makes this case special is the coincidence of abdominal PEComa with undifferentiated lung adenocarcinoma. From the case report it seems that the two tumor entities are unrelated to each other.

### Specific comments

1. Title: should be changed into “Coincidence between malignant PEComa arising from the gastric serosa and primary lung adenocarcinoma”.

#### Response:

First, we would like to express our thanks to the reviewer for his or her kind and significant comments. We were pleased to receive such an excellent response from the reviewer. Based on the various suggestions, we have extensively revised our ‘Case Report’. Thank you so much for your help improving our manuscript.

This is one of critical points in this case report. We agreed to this comment. In accordance with the reviewer’s suggestions, we would like to re-submit the revised version entitled “**R1: Coincidence between malignant PEComa arising in the gastric serosa and lung adenocarcinoma**” (less than 12 words).

2. Abstract/last sentence: „The current case report describes the coincidence of abdominal PEComa with lung adenocarcinoma, posing a challenge to the distinction from metastatic tumor disease.“

The assertion that this case report is the first occurrence of malignant PEComa of the stomach does not seem justified..

#### Response:

Thanks so much for the reviewer’s significant comments. In accordance with this comment, we have deleted the last sentence of ‘Abstract’ and added the following text to the new ‘Abstract’ part:

“....**The current case describes the coincidence of malignant PEComa with other carcinomas, posing a challenge in distinction from metastatic tumor disease**”.

3. Introduction/last paragraph: Is this really PEComa of the stomach or is it rather

**PEComa of the peritoneal cavity as described in previous cases?**

**Response:**

This is our careless mistake. As indicated by the reviewers, we have added the following comments (underlined) to the last paragraph of the 'Introduction' part.

“We report an extremely rare case of malignant PEComa arising in the gastric serosa combined with primary lung adenocarcinoma of poorly differentiated type and thyroid papillary carcinoma, likely confused with metastatic carcinoma in the gastric wall, based on an inadequate volume of biopsy sample.”

**4. Description of tumor location: The term “PEComa arising in the gastric serosa“ should be used throughout. “PEComa of the stomach“ should be avoided.**

**Response:**

Thanks so much for the reviewer's kind and significant comments. It is also one of critical points in this case report. We agreed to these comments. In accordance with them, we have used this term 'PEComa arising in the gastric serosa' throughout.

**5. Figures: These are too many. I suggest to present the CT scans of the lung and upper abdomen (Fig.1 A/B), microscopic slides of the PEComa (Fig. 2 A/B: H&E and HMB-45 immunohistochemistry). The rest can be integrated in the text.**

**Response:**

We consider that all presenting figures are necessary for our Case Report. Despite that, as indicated by the reviewer, we have deleted the previous Figure 2.

**6. Table 1: It would be interesting to see the immunohistochemical pattern of the PEComa as compared with the lung tumor (2 columns).**

**Response:**

Thanks so much for the reviewer's kind and significant comments. We agreed to these comments. In accordance with the reviewer's recommendation, we have submitted the new Table 1 with 2 columns.

## **Response to Reviewer 3**

**1. Interesting case report, but the focus of your case report (including title and abstract) should be by the coincidence of different carcinomas. Please revise language and grammar.**

**Response:**

First, we would like to express our thanks to the reviewer for his or her kind and significant comments. We were pleased to receive such an excellent response from the reviewer. Based on the various suggestions, we have extensively revised our 'Case Report'. Thank you so much for your help improving our manuscript.

As recommended, a native English-speaking scientific editor carefully checked the revised manuscript again, in order to make it more precise and readable. We followed the editor's advice and revised the manuscript thoroughly.