

ANSWERING REVIEWERS

17th of July 2012

Dear Editor,

Please find enclosed the edited manuscript containing an electronic copy of the full-text manuscript in Word format (file name zhanglanWJG119 .doc).

Title: Treatment of Radiation-induced Hemorrhagic Gastritis with Prednisolone: a Case Report

Author: Lan Zhang, Xiaoying Xie, Yan Wang, Yanhong Wang, Yi Chen, ZhenggangRen

Manuscript No: 119

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) The dose of radiotherapy is high and toxicity was to be expected. Provide a rational for using such high doses in a palliative setting. Precise about the doses delivered to the stomach, liver and intestine (DVH values)?

The dosages delivered to the stomach, intestine and liver were 18.70Gy, 18.10Gy and 10.78Gy, respectively. (highlighted in the manuscript). The dose delivered to the stomach is not very high.

(2) Tomotherapy is a brand name, not a radiotherapy technique. It is recommended to use instead "helical radiotherapy using Tomotherapy[®] (Accuray)".

I have corrected the name. (highlighted in the manuscript).

(3) Bleeding may have also be due to intestinal radio-induced injury. What was the dose delivered to the intestine loops and did the authors look for intestinal mucositis ?

The dosages delivered to the intestine was 18.10Gy. For the main symptoms of the patient was hematemesis, and vital signs was unstable, enteroscope had not done.

(4) Was sorafenib prescribed concurrently with radiotherapy?

During the course of radiotherapy, sorafenib was discontinued.(highlighted in the manuscript).

(5) Molecules such as sirolimus are often used against transplantation reject. These molecules may also act as antiangiogenic drugs. Could the authors provide details about other treatments given to the patient at the time of radiotherapy.

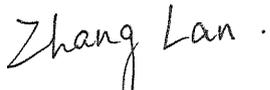
During the course of radiotherapy, sirolimus was continued taking against transplantation reject and sorafenib was discontinued. (highlighted in the manuscript).

(6) Laser coagulation is the usual treatment of choice for gastric bleeding. Why did the authors not perform this procedure ?

Argon plasma coagulation was inaccessibility in our hospital.

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 "Zhang Lan" with a small dot at the end.

Zhang Lan, MD,
Liver Cancer Institute, Zhongshan Hospital
Fudan University
136 Xue Yuan Road, Shanghai, 20032, China
Fax: +86 21 64037181
E-mail: zhang.lan@zs-hospital.sh.cn