

## ANSWER for REVIEWERS



October 11, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13489-revision.doc).

**Title:** Indeterminate pulmonary nodules in colorectal cancer

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 13489

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 The column of this manuscript was written in revised manuscript, "retrospective study" in 1 page. (blue highlight)

3 Language certification letter (recommendation letter) by professional English language editing company has been attached.

4 We revised abstract section to change the length (blue highlight).

5 Revision has been made according to the suggestions of the reviewer

(1) Comments by 02451547 :

- Serum CEA level was simultaneously checked with chest CT. This comment was rewritten in MATERIALS AND METHODS (page 6. Blue highlight).
- The method of CEA detection was added in MATERIALS AND METHODS (page 6. Blue highlight).

(2) Comments by 02907426

- The data of PET-CT for pulmonary metastasis in colorectal cancer was already mentioned in discussion with reference. (page 8 last paragraph ~ page9 )
- We discussed the patients in multidisciplinary team in every week or more often, and made the final treatment plan. This was commented in MATERIALS AND METHODS (page 5. Blue highlight).

(3) Comments by 02571987

- All patients were in regular follow up. Newly developed pulmonary metastasis was found in 10 of 30 cases in metastatic group (33.3%), not in benign group. (page7, last paragraph in RESULTS, blue highlight)
- After discussion with multidisciplinary team, change of nodule was included in the indication for lung operation .

(4) Comments by 02941595

- According to the guideline of World Journal of Gastroenterology, DOI numbers from each references were remained.
- One possibility, that we consider, is that incidence of pulmonary tuberculosis in South Korea was higher than western country in the past. Therefore, many people had scarred and destructive lung by tuberculosis without their awareness. That is why many people have the friable lung for pulmonary infection or inflammation.

(5) Comments by 02531403

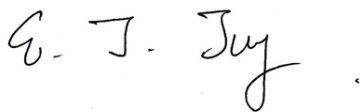
- We revised the abstract to include the indications for lung operation. (page 4, METHOD, blue highlight)
- We added that our chest CT had 2-mm thin section image in MATERIALS and METHODS. (page 5, paragraph 2, blue highlight)
- In our opinion, perioperative chemotherapy did not influence this result. Perioperative chemotherapy is usually finished within 6 months after primary tumor resection. In addition, chest X-ray was checked before every chemotherapy to discriminate the pulmonary infection.
- We agree with reviewer's comment that discussion is lacking of the statement of international guidelines. Recent guidelines recommended that complete resection for resectable and curable pulmonary metastasis could be helpful for survival benefit. For better survival, many studies tried to find the good prognostic factors. Kim's work in WJG, 2014 also reviewed the many factors for good prognostic factors in colorectal cancer patients with pulmonary metastasis. On the other hand, our viewpoint is what factors is helpful to decide whether the metastasis is or not, in addition to the radiologic findings. This is the issue that we want to emphasize in this study.

(6) Comments by 00069988

- We revised the manuscript as your comments in red.
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6. "COMMENT" was added in manuscript as your guideline. (blue highlight)

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



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