

ANSWERING REVIEWERS



Dec 8, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14734-Review.doc).

Title: Mesorectum localization as a special kind of rectal metastasis from breast cancer

Author: Fan Xue, Zhong-Lin Liu, Qing Zhang, Xiang-Nan Kong, Wen-Zhi Liu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14734

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

1 Format has been updated according to the suggestions of the editor

- (1) A short running title of less than 6 words is provided.
- (2) Ethics approval, informed consent and conflict-of-interest are mentioned as a footnote in the manuscript.
- (3) Reformat all the reference numbers as required.
- (4) Add PubMed citation numbers and DOI citation to the reference list and list all authors. NO. 13 reference only has PMID.

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

Suggestion 1: very first statement breast “Breast cancer always has a poor prognosis” is not correct

Revision: we correct the statement into “**Breast cancer can metastasize to other organs following the initial treatment**”.

Suggestion 2: “Thirty to eighty percent of patients are diagnosed with a metastasis following primary therapy”?

which stages of the disease? In which clinical set?

Revision: we have realized that the statement of data is outdated and inaccurate through referring to the newest investigation, so we correct statement into “A study analyzing 11676 pT1-4N0-2M0 breast cancer patients who underwent surgical resection between 1985 and 2009 showed that the total number of cases of distant metastasis was 1349 (11.6%)”

Suggestion 3: “2006: chest and abdominal CT scan,” why? “tumor markers CA 125 and CA 153 were normal”

Revision: referring to the NCCN guideline of breast cancer (version 2006), abdominal CT or US or MRI is optional for stage IIA or IIB, indicated if elevated alkaline phosphatase, abnormal LFTs, or if T3, N1, M0 (category 2B) and no evidence to support the use of the tumor markers, while our patient is in stage IIA (cT2N0M0) with normal LFTs and alkaline phosphatase. On the other hand, we can't contact the patient's physician in charge in 2006 to investigate for details. So we correct statement into “No abnormality was founded by chest imaging, liver function tests and routine blood examination” and remove the statement “and the tumor markers CA 125 and CA 153 were normal”.

Suggestion 4: Hint, literature that supports the paper is quite old, breast cancer research is updated various times per year

Revision: we have updated 7 references to near 4 year follow the reviewer's suggestion and removed 4 outdated references. Therefore, we made some revisions on the manuscript as below:

“A study analyzing 11676 pT1-4N0-2M0 breast cancer patients who underwent surgical resection between 1985 and 2009 showed that the total number of cases of distant metastasis was 1349 (11.6%)^[2]”

“A retrospective study found that CA 125 had relatively high rate of detection (65%) in patients with multiple metastases from breast cancer^[10]”

“Furthermore, two analyses based on 26 and 33 patients, respectively, suggested that elevations of CA 125 in metastatic breast cancer implied pleural involvement^[11,12]”

3 Revised the comment referring to “Writing requirements for comments provided with clinical case reports” as below:

“*Clinical diagnosis*

No physical sign was founded except that right breast was excised.”

“*Differential diagnosis*

Primary tumors of pelvic organs, uterine or ovarian metastasis from breast cancer and other benign or malignant pelvic mass.”

Revised the original description in main text into “The patient only received one cycle of chemotherapy which was implemented as the CMF regimen” and made a more detailed explanation about CMF regimen in comment as “*Term explanation* CMF regimen is a conventional chemotherapy which is a cyclical application of cyclophosphamide, methotrexate and fluorouracil. The dosage of medications are adjusted based on the individual situation.”

4 References and typesetting were corrected

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

Sincerely yours,

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