Format for ANSWERING REVIEWERS

April 20, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: reviewed case report-17362.doc).

Title: Single skip metastasis in sentinel lymph node, in an early gastric cancer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 17362

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

Reviewer`s opinion

In the article: "Single skip metastases in sentinel lymph node, in an early gastric cancer: a case report" the authors report a case of skip metastases in the station No. 15 in a patient with an early gastric cancer, which represents the third compartment or distant metastases in UICC TNM classification system. The LN station was additionally subjected to dissection because of the unusual staining pattern and the accumulation of the blue dye in this LN basin. The authors emphasise the importance of dye navigation, as it might reveal unusual draining patterns and reveal skip metastases in LN stations usually not dissected during D2 LA. The patient's LN stage was upstaged and he was additionally treated with adjuvant KT. The article has important merits and would be a valuable contribution to the journal, but there are some points that should be addressed before publication.

Comment 1: Abstract and Case presentation: "Histopathologic examination showed a well-differentiated HER-2-negative adenocarcinoma that invaded the gastric mucosa and submucosa,? and: ?…which was microscopically shown to be a well-differentiated adenocarcinoma that infiltrated the gastric mucosa and submucosa (EGC, pT1 stage).? Instead describing the depth of the infiltration of the primary tumor into the gastric wall, the authors should use the UICC TNM stage T1b and if possibly specify whether the level of infiltration was the upper, middle or the lower third of the submucosa, as it carries different probabilities of LN involvement.

Comment 2: Abstract: "All of the 41 LNs located at the first, third, and fifth levels of the regional LN group were found to be free of tumor cells," and in Case presentation: "the lymphadenectomy included lymph node groups 1, 3, 4, 5, and 6 (station I); groups 7, 8, 9, and 12 (station II); and group 15 (station IV)," The authors should use the term lymph node station (1 to 16) instead of level/group and lymph node compartment instead of station according to JGCC classification.

Comment 3: Introduction: "For proper therapeutic management, which consists in mucosal/submucosal endoscopic dissection in cases with a diameter less than 2 cm or surgical removal of the stomach in cases larger than 2 cm and metastatic cases, independent of the depth of tumor infiltration[2], preoperative evaluation of the lymph node status is mandatory." The authors describe the EMR or ESD as the "proper therapeutic management" of gastric cancer. They should clearly delineate the therapy options for specific tumor stages (i.e. mucosal tumor, submucosal tumor and advanced gastric cancer) as the EMR and ESD should be used only for certain low risk mucosal tumors.

Comment 4: Introduction: "The arguments against doing extended lymph node removal are that the procedure increases the duration of the surgery and the rate of complications and decreases the patient's quality of life." The morbidity and mortality of gastrectomy and D2 lymphadenectomy in dedicated centres ranges from 10% to 20% and 0.5% to 2% respectively. Therefore the D2 lymphadenectomy usually has a negligible effect on the rate of postoperative complications. In addition, patients' quality of life is mainly influenced by the extent of resection and not the extent of the lymphadenectomy. The authors should comment on this and present the applications of the SNL concept in gastric cancer.
Comment 5: Introduction: "Although it is not universally accepted, due to the high rate of false negative results in intraoperatively examined nodes[4], the detection of sentinel lymph node (SLN) is considered useful because the gastric lymphatic drainage can have aberrant flow[5]." The rate of false negative results depends heavily on the method of sentinel lymph node analysis (i.e. IHC, RT-qPCR vs. frozen sections), the number of intraoperatively examined lymph nodes and the tumor stage (with the higher T stages presenting with lower sensitivities). The authors should comment on this. Comment

Authors' answers

Comment 1: In abstract and Introduction the modifications were inserted in red. The upper third of the submucosa was involved.

Comment 2: All the terms were replaced in red in the abstract and the main text. Thank you for this observation!

Comment 3: Introduction was modified in blue to insert details about therapeutic management.

Comment 4: This part was commented and inserted in green in Introduction. In Discussion, first paragraph presents the history of the SLN in gastric cancer.

Comment 5: This part was also modified and inserted in Introduction in violet.

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3 References and typesetting were corrected

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

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