December 1, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14893-Review.docx).

Title: Unusual presentation of a pancreatic cyst resulting from osteosarcoma metastasis

Author: Burcu Akpinar, Joshua Obuch, Norio Fukami, Sajal S Pokharel

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14893

The manuscript has been improved according to the reviewer and editor's suggestions:

1 Format has been updated

2 The title has been briefly revised (on copyright assignment form as well), a short running title added

3 Conflict of interest statement has been added.

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

(1) *Why wasn't contrast CT done initially on the abdominal CT?*

Abdominal CT seen on figure 5, 6, 7 are post-contrast images. Figure 1 of the lower chest was a non-contrast image and clearly depicts the mass. A post-contrast evaluation was not done at that time.

(2) *Given that she recently had a metastatic lesion, why wasn't such a metastatic lesion strongly considered at the time of initial evaluation?*

The possibility of metastasis was considered at the time of EUS at our hospital, however given her negative cytological workup from prior cyst fluid analysis at an outside hospital and unprecedented reports of large cystic metastasis from osteosarcoma, this was thought to be unlikely. Other lesions such as necrotic degradation or cyst formation from a primary pancreatic malignancy, or fluid accumulation from pseudocyst formation were more strongly considered given their prevalence compared to osteogenic sarcoma pancreas metastasis.

You don't describe that she had a history of pancreatitis and thus a pseudocyst would be remote.

The information of the lack of the history of the pancreatitis or excessive alcohol use was included in the original manuscript. However, we have now included the sentence "pancreatitis with pseudocyst was thought to be less likely" on the diagnostic checklist.

Likewise, she likely did not need interventional radiology puncture for the drainage. One also wonders why the cytologic analysis of the fluid at that time was negative. I assume that interventional radiology was performed perhaps because endoscopic ultrasonography was not available.

We added "at our hospital" in the document to emphasize at which point the workup was transferred to our hospital. The workup prior to this was performed at outside institution. We assumed that percutaneous drainage was performed at the outside hospital due to an unavailability of endoscopic ultrasonography. According to the information we have the cytologic analysis of the fluid was negative.

(3) *Why did she initially undergo a VATS? The readers may want to know what her symptoms were at that time.*

There were no specific symptoms noted at the time of the resections of lung metastasis. Included to the document we have, the tumor was noted as not sensitive to chemotherapy or radiotherapy and surgery was only option.

(4) *Do we have any long-term follow-up?*

We don't have long-term follow-ups.

(5) *Given that you do review cystic lesions it may be nice to have a table reporting the causes of pancreatic cystic mass lesions.*

The table has been added to the manuscript.

5 References and typesetting have been corrected

Some of the questions answered in this document were not added in the manuscript due to the decision by the authors that it would not add to the content of the report. The information can be added per the discretion of reviewer.

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

Sincerely yours,

Burcu AKPINAR, MD, Visiting Research Scholar
Department of Radiology
University of Colorado Hospital
12401 E. 17th Ave
Mail Stop L954
Aurora CO 80045-2548
Fax: +1-720-8487315
E-mail: burcu.akpinar@ucdenver.edu