October 13th, 2015

Dear Editor,

Thank you for the opportunity to submit our manuscript titled, **Current Update on Sentinel Lymph Node Evaluation in Gynecologic Malignancies** to the World Journal of Obstetrics and Gynecology. We appreciate the thorough reviews and the reviewers' suggestions. We have addressed the reviewers' comments in the manuscript as described below.

Reviewer #1: *This review is a very good synthesis of the current status of the sentinel node conception in gynecologic malignancies. The literature data are circumstantial and comprehensive. Although overall I agree with sentinel lymph node methodology, I feel some controversies in relation the tumour stage explanation. First of all, generally accepted that investigation of sentinel lymph node recommended in early stage of tumours. The clinical stage of most of the tumours minimally III. in case of positive lymph node, e.g. in vulvar cancer. The clinical stage is IIIC in endometrial cancer and IIIB in cervical carcinoma in that cases. These staging is independent the size of primary tumour. In my mind, clinical stage II. and higher clinical stages of the tumours must not determine as an early stage. On the basis of these data I would like to suggest that in publications dealing with sentinel lymph node investigations TNM staging should be prefer against clinical stage. These data were published in our reports, see below: Zámbó K., Schmidt E., Koppán M., Bódis J.: Is sentinel lymph node investigation useful for early tumour stages only? Eur J Nucl Med Mol Imaging 29(11): 1544, 2002. Zámbó K., Koppán M., Paál A., Schmidt E., Tinneberg H.R., Bódis J.: Sentinel lymph nodes in gynaecological malignancies: frontline between TNM and clinical staging systems? Eur J Nucl Med Mol Imaging 30(12): 1684-8. 2003. I suggest this review to accept.*

No edits were made based on this reviewer's comments as they did not request them. Agree, TNM staging is most appropriate when determining SLN biopsy.

Reviewer #2: *Thank you for the opportunity to review this paper. It's a well written review of an important subject. A few questions should be reflected by the authors: Vulvar cancer: Authors concluded, that lymphadenectomy could be an option, if lymphedema had no negative influence to QoL. There are studies, which found even that QoL can be approved by avoid lymphadenectomy and lymph edema. Please include this. Endometrial cancer: The risk for LN-Metastasis is low for early stage Cancer (T1a, G1-2). So for which group of patients the authors suggest SLN, which patients should have a complete pelvic and paraaortal LND What is the role of paraaortic SN? Conclusions: Authors should include, that SLN increase the QoL in patients with vulvar cancer.*

We agree that QoL can be improved in vulvar cancer patients with SLN biopsy so we have included the following paragraph in the paper as well as a statement in the conclusion.

Much of the research on SLN biopsy began with the attempt to decrease the morbidity associated with surgical treatment of vulvar cancer, which raises the question "Is quality of life (QoL) better for women that undergo SLN biopsy alone?". While all studies have shown decreased treatment related morbidity with SLN biopsy, a few

studies have also shown that SLN biopsy improves overall QoL for women who underwent SLN biopsy alone compared to women who underwent complete groin lymphadenectomy.[27,28,29]

As for the second comment about endometrial cancer: *Endometrial cancer: The risk for LN-Metastasis is low for early stage Cancer (T1a, G1-2). So for which group of patients the authors suggest SLN, which patients should have a complete pelvic and paraaortal LND What is the role of paraaortic SN?* As we stated in the review, we feel there is still limited data to determine which patients should have complete pelvic and para-aortic LND so this should be done as per the standard at your institution. Additionally, while we feel the controversary of para-aortic LND in endometrial cancer patients is interesting, we feel it is beyond the scope of this review.

This manuscript is being submitted online. This study has not been published elsewhere and is not currently submitted elsewhere. All authors actively participated in this project and have reviewed and approve this revised manuscript.

Thank you for your consideration. Please do not hesitate to contact me with any questions.

Sincerely,

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