

Reviewer 1

Metastatic disease involving the stomach is a rare event. The lifetime prevalence is only 0.7-1.7% in patients with known malignancies. Common sources are breast cancer, lung cancer, esophageal cancer, renal cell carcinoma, and malignant melanoma. Gastric metastasis from ovarian cancer is exceptionally rare. Only 16 cases have been reported in the English literature. I don't consider case reports, but subject review are good.

- Table needs to be reviewed in consideration of the 16 cases.

We thank the reviewer for his comments. In english literature there are other cases of gastric metastasis from ovarian cancer, but in Table 1 ("Cases of gastric metastases from ovarian adenocarcinoma presenting as subepithelial tumor and diagnosed by endoscopic ultrasound-guided tissue acquisition") we have considered only cases presenting as subepithelial tumor and diagnosed by endoscopic ultrasound-guided tissue acquisition. Therefore we have not included in Table 1 the remaining cases not diagnosed by EUS-FNA.

- Some molecular biology background needs to emphasized in the discussion.

We have add some molecular biology background in the discussion.

- The role of the pathologist is essential and cannot be acknowledged only. He needs to be a co-author!

We have accordingly added the pathologist as a co-author.

Reviewer 2

This is an interesting case report which reads well. I have only very minor suggestions:

- Some arrows in Figures 1 and 2 would be helpful to indicate the features being described.

The figures have been changed accordingly and some arrows have been added.

- Page 3 last line : "metastasizes" rather than "metastatizes" Page 4: "vascularized" rather than "vascolarized" Page 4: "in the literature" rather than "in literature" Page 4: "After a diagnosis of metastatic ovarian cancer to the stomach had been achieved" rather than "After a diagnosis of metastatic ovarian cancer to the stomach has was achieved"

We apologize for the mistake. The paper has been changed accordingly.