

## **Answers to the Reviewers comments**

Thank You for valuable comments and review of our manuscript. All comments prepared by Reviewers were included. All corrections in manuscript were marked in red.

### **Reviewer 1.**

**1. Please address possible ethical consideration in the procedure in this manuscript and the process the author experienced or felt during their well-intended trial.**

The precise ethical information about the patient informed consent and the use in our Clinic Helsinki protocol has been added into the main manuscript text:

“The patient gave a voluntary and informed consent to the planned treatment and the study was performed in accordance with the precepts established by the declaration of Helsinki”

### **Reviewer 2.**

**The authors should elaborate more on the technique used and perhaps provide the diagrammatic presentation of the Pressurized IntraPeritoneal Aerosol Chemotheprapy system.**

Additional Figure 3 with proper PIPAC technical description has been added.

**The paper requires a carefull linguistic and stylistic revisions**

The manuscript was edited for proper English language, grammar, punctuation, spelling and overall style by American Journal Express (certificate attached to revised manuscript).

### **Reviewer 3.**

**The authors report the first case of Pressurized IntraPeritoneal Aerosol Chemotheprapy application as neoadjuvant therapy before palliative D2-Gastrectomy combined with liver metastasectomy in a patient with primarily diagnosed and operated Krukenberg tumor. English language should be revised: see for example “Chemotheprapy” in the initial part of the abstract.**

The whole manuscript text has been double revised also under the English language quality.

**The authors should describe the results of the abdominal CT-scan as reported by the radiologist, before to conclude metastasis.**

The professional description performed by radiologist has been added into the CT-scan description.

**Could the authors explain why they waited eight weeks after staging laparoscopy before to perform a laparotomy? Is this a protocol?**

To clarify this issue we have changed sentence:

“Eight weeks later, after staging laparoscopy a second explorative laparotomy was performed”  
to:

“Eight weeks later, after PIPAC procedure an explorative laparotomy was performed. This time period is suggested in literature as optimal between next surgical interventions after each PIPAC surgery<sup>[20]</sup>”.

We have added one reference (previously marked as 33 – now as 20) supporting this final statement:

20. **Alyami M**, Gagniere J, Sgarbura O, Cabelguenne D, Villeneuve L, Pezet D, Quenet F, Glehen O, Bakrin N, Passot G. Multicentric initial experience with the use of the pressurized intraperitoneal aerosol chemotherapy (PIPAC) in the management of unresectable peritoneal carcinomatosis. *Eur J Surg Oncol* 2017; **43**: 2178-2183 [PMID:28964609 DOI:10.1016/j.ejso.2017.09.010]

**It is unclear how the authors judged the cytoreduction (from ?? to 3 cm)**

In order to fully explain this issue, we corrected the current sentence:

Macroscopically, a 3 cm tumor was palpated in the gastric body, infiltrating the gastric serosa, no diffuse peritoneal metastasis was found anymore, so that a complete cytoreduction (CC-0 according to Sugarbaker) appeared feasible.

For a new one:

Macroscopically, a 3 cm tumor was palpated in the gastric body, infiltrating the gastric serosa, no diffuse peritoneal metastasis was found anymore in detailed standard surgical intraoperative PC lesion assessment, so that a complete cytoreduction (CC-0 according to Sugarbaker) appeared feasible.

**Reviewer 4.**

**It would be better if the authors showed more Intraoperative and postoperative characteristics and short term postoperative follow-up.**

We are very thankful for this important comment. For an intraoperative characteristic we have added additional Figure 3 with proper PIPAC technical description.

The information about the postoperative planned adjuvant chemotherapy with Xeloda was already added in to the final section of the case description. We are still waiting for the first clinical outcomes of our follow-up which will be presented in next published studies but the

short postoperative follow-up has been presented in this section: “The postoperative course was uneventful. Four months after surgery, the patient has completely recovered and has returned to her daily activities. (ECOG = 1; BMI = 20.23). A postoperative adjuvant chemotherapy with Xeloda has been recommended. Narrow follow-up examinations (abdominal CT-scan) will be performed”