

July 15, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: gangliocytic paraganglioma reviewed.doc).

Title: Obstructive Jaundice Due to A Rare Periampullary Tumor

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Name of Journal: *World Journal of Gastrointestinal Oncology*

ESPS Manuscript NO: 4209

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

(1) table of references has been added

(2) abbreviations and their expansions have been included

(3) explanation of the location of the tumor in relation to CBD and PD has been provided in the text

(4) other outcomes of malignant potential and references to the appropriate article included in the manuscript

(5) numbering of the figures corrected

3 References and typesetting were corrected

3 Revision has been made according to the suggestions of the reviewers:

- (1) Reviewer No. 00071066: Some abbreviations are not preceded by the fully spelled words, e.g. CK for cytokeratin, MP and NSE. References have to be modified according to the journal's style. Mention of figures in text has to specify if it is 1A, B or C.

Authors response: we thank the reviewer in his/her interest in our manuscript and appreciate inputs provided. Abbreviations and their expansions have been included, references have been modified to journal's style figures in text were specified correctly.

- (2) Reviewer No. 00057645: 1. Clarify in the description the relationship between the lesion and the bile duct, please comment if the jaundice resolution can be ascribed to the sphincterotomy or by the resection of the lesion. - Please provide more informations about the literature regarding this topic. - In literature Witkiewicz (2007) described 12 cases with the same disease with lymph node or distant metastases. Please comment the possible aggressive behaviour of this disease. - Even if there are no histological features predicting malignant potential, the Authors should describes more clearly the histological negative prognostic factors (i.e. pleomorphism of nuclei, mitotic activity, infiltrative margins) useful to guide the decision for the treatment. - the references are not reported in the text.

Authors response: we thank the reviewer in his/her interest in our manuscript and appreciate his/her suggestions. We explained the location of the tumor in relation to CBD as the tumor appeared to cause a mechanical obstruction on the CBD. Jaundice resolved after sphincterotomy and resection of the tumor. We provided further literature review and included a table about this topic for easy review. We also commented on the negative prognostic histological features of the disease and a table of references has been added.

- (3) Reviewer No. 01430761: 1. The summary of previously reported cases (i.e. Table) might help readers to understand this rare disease. 2. It is somewhat unclear why this patient developed obstructive jaundice. Please clarify the relation of the tumor to the bile duct. Was there any invasion to the bile duct or the pancreatic duct on EUS? If this was the case, curative endoscopic resection was not possible.

Authors response: we thank the reviewer in his/her interest in our manuscript and appreciate his/her suggestions. We provided a summary table based on the reviewer request to enhance understanding of the disease. We also think that the reason of jaundice secondary to mechanical obstruction of the bile duct and that there was no clear invasion of the bile duct or pancreatic by the tumor based on EUS images and thus curative endoscopic treatment was successful.

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

P.S: Please be notified that the corresponding author of the manuscript has changed to Dr. Ghassan M. Hammoud.

Sincerely yours,

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