

1 Dr. Dennis A Bloomfield, MD, PhD, and Dr. Sandro Vento, MD, PhD

2 Associate Editor

3 World Journal of Clinical Cases

4  
5 December 9, 2018

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7 Manuscript No: 43184

8 Title: Endoscopic resection for residual lesion of metastatic gastric cancer: a case report

9  
10 Dear, Dr. Bloomfield and Dr. Vento

11  
12 Thank you for your email regarding our revised manuscript, “Endoscopic resection for  
13 residual lesion of metastatic gastric cancer: a case report”. We are grateful to the reviewer  
14 for providing constructive comments that have helped us significantly improve our manuscript.  
15 As indicated in the responses below, we have taken all these comments into account while  
16 revising our manuscript. We trust that it is now suitable for publication in the World Journal of  
17 Clinical Cases.

18 Thank you in advance for your kind consideration of this manuscript.

19  
20 Sincerely yours,

21  
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We wish to express our appreciation to the Reviewers for his or her insightful comments, which have helped us significantly improve our manuscript.

#### **RESPONSE TO REVIEWER:**

##### **Reviewer#1**

##### **Comment (1)**

The topic could have been more specific by emphasizing the endoscopic submucosal dissection.

##### **Response**

Thank you for your comment.

##### **Comment (2)**

The case report is not detailed enough. The examination results of the patient during the visit are described, while there is no description of the improvement in patient symptoms. In addition, most of them are subjective descriptions, lacking objective data such as the size of tumor in the stomach and liver.

##### **Response**

We add objective data to the sentence. We have rewritten CASEREPORT. (p.5 line.11, 12, p.6, line.8-)

1

2 **Comment (3)**

3 The discussion is not deep enough. The innovation of this case lies in the local control by  
4 ESD, but it has not been fully discussed. For example, what treatments have been chosen for  
5 other cases under the same condition? How is the effect and what is the prognosis compared  
6 to the ESD? We need to learn more about advantages of ESD and how to select the  
7 appropriate treatment.

8 **Response**

9 Thank you for your comment. We had another discussion about other treatment option, such  
10 as less intensive chemotherapy and radiotherapy. Moreover, we re-discuss the reason why we  
11 chose ESD. We have rewritten DISCUSSION. (p.8 line9-, line22-, p.9- line3-)

12

13 **Reviewer#2**

14 **Comment**

15 Dear Authors, the manuscript entitled "Endoscopic resection for residual lesion of metastatic  
16 gastric cancer: a case report", By Hayashi K et al from Japan, is an interesting case report  
17 regarding an elderly patient having an almost complete response to chemotherapy for  
18 metastatic gastric carcinoma, presenting a minimal residual disease at the gastric cardia,  
19 successfully resected by endoscopic submucosal dissection (ESD). It is a very fortunate case  
20 showing that chemotherapy can be very successful even in advanced gastric cancer. It shows  
21 also that ESD can be safely and effectively used also in elderly patients with minimal  
22 residual disease at the primary site. I think the article is well documented and deserves  
23 publication, but I recommend a thorough language revision, since the English language is  
24 really poor.

**Response**

Thank you for your comment. We had our English proofread.

**Reviewer#3**

**Comment (1)**

Why did the patient come to the institution for treatment after four months from initial diagnosis? Why did it take so long?

**Response**

It took long time to decided the treatment plan in prior hospital. The patient could not make his mind whether to undergo surgery or endoscopic treatment. We have rewritten CASE REPORT. (p.5 line.9-)

**Comment (2)**

his sentence should be corrected. "The tumor grew (Figure 1A, B) and abdominal CT showed..." - Figure 1B is a histologic finding. You'd be better to show the initial ficture and the later ficture (after four months).

**Response**

We corrected as you had pointed out. We have rewritten CASE REPORT and Figure1. (p.5 line.10, 12, p.14 line.5). We awfully sorry, however we did not accept endoscopic picture from prior hospital. We couldn't show the initial picture.

**Comment (3)**

How did you identify that a residual tumor was suspected under the mucosal layer? Did you perform the EUS? Please comment this.

**Response**

1 We diagnosed the tumor was remained because it was observed reddish and protruded  
2 although the surface was smooth. It was looked like a submucosal tumor. So, we judged there  
3 was a residual tumor. We didn't perform EUS. We have rewritten RESULT and Figure 2A.  
4 (p.6 line. 13, p.15 line.2-.)