

September 9, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4970-review.doc).

Title: Seven Synchronous Early Gastric Cancer with 28 Lymph Nodes Metastasis

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Name of Journal: World Journal of Gastroenterology

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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) We have revised the structure and format as your recommends

(2) We agree with your comment and have revised the abstract as follows: The multiple lesions of EGCa do not increase the risk of lymph node metastasis, but if their differentiations are poor or if they have lympho-vascular invasion, multiple lymph node metastases could incur even if the depth of invasion is limited to the mucosal layer or the upper portion of the submucosal layer.

(3) We have made the adjustments in references

(4) We have revised figure legends as follow:

Figure 1. Endoscopic and histologic findings. Multiple EGCa lesions were as follow: (A) raised lesion on the posterior wall of the proximal antrum, (B) erythematous depressive lesion, (C) depressed lesion on the posterior wall of the low body, (D) ill demarcated flat lesion on the anterior wall of the proximal antrum, ill demarcated depressed lesion (E) on the anterior wall of the low body, (F) on the anterior wall of the mid body, and (G) ill demarcated flat lesion on the lesser curvature of mid body. (H) Adenocarcinoma in lesion B showed invasion into 1/3 of the submucosal layer (arrow) (x40), (I) showed lymphatic invasion magnified in quadrangle in H (x100).

Figure 2. Gross specimen. Three lesions (D, E, and F) are located on the anterior wall, and the other three lesions (A, B, C) are on the posterior wall. One lesion (G) shows flat early gastric cancer type IIb configuration and is centered at the body, lesser curvature.

Figure 3. Histopathological findings. (A) ~ (G) demonstrated adenocarcinoma, poorly differentiated in each EGCa lesions A ~ G in figure 1 (x40), (H) showed lymph node metastasis after gastrectomy (x40) and (I) indicated signet ring cell type of biopsy specimen in EGD (x100).

3 References and typesetting were corrected

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

Sincerely yours,

Jin Il Kim, MD, PhD