

RESPONSES TO THE REVIEWERS



February 22, 2020

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 53217-Edited (download)-Review.docx).

Title: Hepatoid adenocarcinoma of the stomach: Case reports of 13 patients and a literature review

Author: Zheng-Rong Zhang, Jian Wu, Han-Wen Li and Tao Wang

Name of Journal: World Journal of Clinical Cases

Manuscript NO: 53217

Manuscript Type: Case report

The manuscript has been improved according to the suggestions of the reviewers:

1 The format has been updated.

2 The following revisions have been made according to the reviewers' suggestions:

(1).reviewer:00071220

Comment: I had the opportunity to review a paper "Hepatoid adenocarcinoma of the stomach: Case reports of 13 patients and a literature review" and I found very interesting. There is no problem to publish the manuscript.

Author's response: Thank you very much for your valuable comments.

(2).reviewer:02944288

Comment: Conclusion is very big and hardly understandable in whole. On the other

hand conclusion in the abstract is incomplete.

Author's response: Thank you very much for your comments. This issue that reviewer raised is very critical and worth considering.

The Conclusion section in the Abstract has been revised as follows:

HAS is a special type of gastric cancer, and the prognosis of HAS has improved compared with the past prognoses. Measurement of AFP, early diagnosis, active surgical treatment and application of new diagnostics and treatment techniques are conducive to improving the prognosis of HAS.

The Conclusion section in the article has been revised as follows:

HAS is a rare and special type of gastric cancer that is prone to lymph node and liver metastasis and has a poor prognosis. Serum AFP measurement is conducive to the early detection of HAS. The treatment of HAS should mainly involve radical surgery, supplemented by chemotherapy and/or interventional therapy. Serum AFP levels play an important role in predicting the prognosis of HAS and can be used to monitor the recurrence and metastasis of HAS. Close follow-up should be conducted after treatment, including imaging examination and serum AFP measurement. At present, the prognosis of the disease has improved compared with the past. Measurement of AFP, early diagnosis, active surgical treatment and application of new diagnostic and treatment techniques are conducive to improving the prognosis of HAS.

(3).reviewer:02938811

Comment: The effort you did was appreciated. The language and the grammar have to be revised. The references have to be organised. The whole manuscript has to be revised regarding the vocabulary, language and grammar.

Author's response: Thank you very much for your comments. We have checked our article, and it has been revised and carefully corrected for any mistakes in spelling, grammar and vocabulary. Some parts of the article have been revised.

1.1page 3 para 1:CONCLUSION

HAS is a special type of gastric cancer, and the prognosis of HAS has improved compared with past prognoses. Measurement of AFP, early diagnosis, active surgical treatment and application of new diagnostic and treatment techniques are conducive to improving the prognosis of HAS.

1.2 page 5 para 4: Personal and family history

Three of these patients had hypertension, two of them had simultaneous cerebral

infarction, and two of these patients had diabetes. None of the patients had any other family members with similar diseases.

1.3 page 6 para 1-2: Laboratory examinations

The 13 patients had anaemia of varying degrees. The serum AFP levels in 7 patients were elevated. The carcinogenic embryonic antigen (CEA) levels of 7 patients were elevated, and carbohydrate antigen 199 (CA199) levels were increased in 3 patients. There were no cases in which ca-125 and other tumour marker levels were elevated (Table I).

Imaging examinations

Abdominal coaxial tomography (CT) revealed abnormal thickening of the gastric wall in 10 patients, and the examination revealed enlarged lymph nodes around the stomachs of 8 patients. None of the patients had liver metastases before surgery (Table II).

1.4 page 11 para 2: CONCLUSION

HAS is a rare and special type of gastric cancer that is prone to lymph node and liver metastasis and has a poor prognosis. Serum AFP measurement is conducive to the early detection of HAS. The treatment of HAS should mainly involve radical surgery, supplemented by chemotherapy and/or interventional therapy. Serum AFP levels play an important role in predicting the prognosis of HAS and can be used to monitor the recurrence and metastasis of HAS. Close follow-up should be conducted after treatment, including imaging examination and serum AFP measurement. At present, the prognosis of the disease has improved compared with the past. Measurement of AFP, early diagnosis, active surgical treatment and application of new diagnostic and treatment techniques are conducive to improving the prognosis of HAS.

The references have been reorganized. We have updated and added the following references:

2.1 page 11 para 4: The statistical results of the 13 patients in the present report were similar^[9].

2.2 page 13 para 1: Recent studies have pointed to the observations that Sal-like protein 4 (SALL4), hepatocyte paraffin 1 (Hep-Par-1) and glypican 3 are significantly more positive in HAS^[12]. Some novel technologies, such as liquid biopsies, may increase the positive rate of diagnosis^[13]. The combination of Hep-Par-1 and SALL4 could serve as a reliable prognostic factor in HAS.

2.3 page 13 para 2: Oxaliplatin combined with capecitabine can be used as the main chemotherapy regimen^[14].

2.4 page 14 para 2: Studies have pointed out that preoperative serum elevation of AFP

level ≥ 500 ng /mL is associated with a low overall survival rate^[20].

2.5 page 15 para 1: Meanwhile, a report found that the 5-year overall survival rate for the disease was 34%, and the authors believe that the prognosis is not as bad as previously thought^[21].

3. Abbreviations and acronyms are carefully checked. The typesetting of references has been corrected by adding PMID and DOI citation to the reference list and list all authors. The table has been redesigned and typeset, the figure has been added with a scale, and the description has been modified.

Thank you again for publishing our manuscript in the World Journal of Clinical Cases.

Sincerely yours,

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