

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Colonic Perforation in a Nasopharyngeal Carcinoma Patient Treated with Fluorouracil: Case Report " (Manuscript NO: 53486). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Response to the editor:

Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system. Please provide the decomposable figure of all the figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. - image files.ppt" on the system. Make sure that the layers in the PPT file are fully editable. For figures, use distinct colors with comparable visibility and consider colorblind individuals by avoiding the use of red and green for contrast. Please read these four important guidelines carefully and modify your figure(s) accordingly: First, all submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes. Second, for line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes. Third, please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor. Fourth, in consideration of color-blind readers, please avoid using red and green for contrast in vector graphics or images.

Answer: We sincerely accept the suggestion and have revised the figures as request.

1 Please log in to the F6Publishing system by clicking on the following link: <https://www.f6publishing.com>, inputting your registered e-mail and user password, and clicking on the "Author Login" button. By clicking on the "Revisions Return Back to Author" under the "Revisions" heading, you can find the manuscript that needs revision.

Answer: We sincerely accept the suggestion and have revised this as request.

2 Please download the document if there is any, which has been edited by the editor, that is located in the “Manuscript Files” column; you can do so by clicking the “Handle” button or the title of the manuscript. In the edited manuscript file, you will find the editor’s suggestions, which have been added using the Track Changes function. All of the revisions that you make to the revised manuscript should be cited in the response letter and highlighted in the updated version of the manuscript.

Answer: We sincerely accept the suggestion and have revised this as request. The revisions have been cited in the response letter and highlighted in the revised manuscript.

3 When you are ready to resubmit your revised paper and/or all required accompanying documents, you can begin the uploading process via the F6Publishing system. **Please note that the author list and affiliations, author contributions, and funding information are not allowed to be modified after a manuscript’s formal acceptance.**

Answer: We sincerely accept the suggestion and have revised this as request.

This is the second and last chance for revising your manuscript

Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Please distinguish between the title of the article series. Three levels of subtitles are allowed: (1) First subtitle: All in bold and capital; (2) Second subtitle: All in bold and italic; and (3) Third subtitle: All in bold.

Answer: We sincerely accept the suggestion and have revised the manuscript as request.

Please check and confirm that there are no repeated references!

Please add PubMed citation numbers (**PMID** NOT PMCID) and DOI citation to the reference list and **list all authors**. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) (Please begin with PMID:) DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with

DOI: 10.**)

Answer: We sincerely accept the suggestion and have revised the references as request. **We have to note that reference 3 has no PMID number, so PMID number of reference 3 could not be added in the revised manuscript.**

Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

Please provide the decomposable figure of all the figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as “Manuscript No. - image files.ppt” on the system. Make sure that the layers in the PPT file are fully editable. For figures, use distinct colors with comparable visibility and consider colorblind individuals by avoiding the use of red and green for contrast.

Please read these four important guidelines carefully and modify your figure(s) accordingly:

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Second, for line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes.

Third, please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor.

Fourth, in consideration of color-blind readers, please avoid using red and green for contrast in vector graphics or images.

Answer: We sincerely accept the suggestion and have revised Figure 1-2 in PPT and submitted the file as request.

Response to the reviewer:

1.Code 03104669 reviewer's comment: “Although this case can not be said as very rare, it is somewhat worth publishing.”

To the reviewer of code 03104669: We appreciate your recognition of this article.

2. Code 00503705 reviewer's comment: “quite uncommon pathology for sure. As a lot of oncologies know, when we are about to proceed with chemotherapy we must be very sure about the gastrointestinal condition. Certainly the earlier surgical procedures that this patient underwent were of great importance in the perforation and i agree

about your thoughts. Prior gastrointestinal surgery is considered of high risk of side effects thus we must think about colonoscopy in these patients before chemotherapy.”

To the reviewer of code 00503705: We appreciate your recognition of this article. We also call on patients who have undergone gastrointestinal surgery to undergo colonoscopy prior to chemotherapy.

3. Code 00724492 reviewer's comment: “The authors very nicely described the rare symptom associated with 5-FU in the case report.”

To the reviewer of code 00724492: We appreciate your recognition of this article.

4. Code 00503663 reviewer's comment: “ This case report describes colonic perforation in a nasopharyngeal carcinoma (NPC) patient treated with fluorouracil (FU). I think this report is worth publishing in World Journal of Clinical Cases. My questions and suggestions are as follows; #1 The colonic perforation is associated with FU. However, it should be careful to describe ‘cause’ in the manuscript. Two references (No.2 and No.3) reported ‘perforation in patients with cancer receiving chemotherapy’ or ‘perforation during chemotherapy’. I recommend to use ‘colonic perforation recognized in a NPC patient treated with FU’ or ‘perforation associated with FU treatment’ rather than ‘caused by FU’ in line 26 and 27 in Abstract. Similarly, in the main text, ‘cause’ should be used very carefully. #2 The content of chemotherapy (line83-88). The patient was treated by chemotherapy with the TPF regimen (180 mg D1 paclitaxel + cisplatin 30 mg D1-3 + FU 5g). Of note, cisplatin and paclitaxel have not been given yet to the patient at that time. It was difficult for me to understand these sentences. Were paclitaxel and cisplatin administered or not? Revision of this part is necessary for readers to understand clearly. #3 Previous cases of intestinal perforation during the chemotherapy. References No. 2 and No. 3 reported plural perforation cases. ‘only two cases of intestinal perforation’ should be changed to ‘only two reports of intestinal perforation’. #4 Places of the perforation. The perforation occurred at gastroduodenal or gastrointestinal portions in reference No. 2 and No. 3. Whereas this case occurred at the descending colon. I hope the difference of the portions in the Discussion. When did the patient receive partial enterectomy, partial sigmoidectomy, and sigmoidostomy? #5 line 100 Temperature: degree centigrade. ”

To the reviewer of code 00503663: For comments No. 1, No. 2 and No. 3, we have made language changes as required and have been embellished by native English speakers.

For comment No. 4, we have made changes in the discussion section as required, and completed the patient's previous medical history.

For comment No. 5, We've changed to Celsius.

Thank you and best regards.

Yours sincerely,

Weijia Lu and Lei Gao

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