

Dear Editors,

Thank you very much for your letter and advice on our manuscript entitled "Treatment of Gastric Cancer with Dermatomyositis as the Initial Symptom: A Report of Two Cases and Literature Review" (ID: 57798). We have read the comments raised by the reviewers conscientiously.

All these comments are valuable and constructive for revising and improving our paper and have important guiding significance to our research.

Below, please find the comments in black, followed by our responses in red. The exact changes in the manuscript have been highlighted in red. We hope that the revision is acceptable and look forward to hearing from you soon.

EDITORIAL OFFICE' S COMMENTS

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Answer: Thank you very much for your review on our manuscript. We have revised the manuscript following the reviewers' opinions and resubmitted the new version. Further, we have sent the revised manuscript to a professional English editing company for English language editing including grammar, syntax, and wording. A certificate of English editing has been uploaded as an attachment.

(2) Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Answer: Thank you very much for your advice on our manuscript. We have used Reference Citation Analysis (RCA) to supplement the highlights of cutting-edge research results in our revised manuscript. We found that it is very important to screen and diagnose tumors detected later than that of DM. However, analysis of the cutting-edge findings suggested that when the diagnosis of tumor is earlier than DM, the differential diagnosis of paraneoplastic dermatomyositis or drug-associated myositis caused by immune checkpoint inhibitors is essential, because it affects decision-making on immunosuppressive therapy for autoimmune diseases and the appropriateness of continuing immunosuppressive therapy for primary gastric cancer.

Reviewer #1: comments:

The case report describes a rare entity, however it doesn't present anything besides what is already known about the association of dermatomyositis and gastric cancer.

Answer: Thank you very much for your review on our manuscript. Dermatomyositis (DM) is a rare autoimmune disease involving the connective tissue. Limited knowledge of the relationship between the disease and gastric cancer may complicate the diagnosis of gastric cancer. The study explored the association between DM and gastric cancer by systematically searching PubMed and Embase. We summarized the clinical characteristics of a total of 18 patients and found that the diagnosis of gastric cancer in 16 cases was later than that of DM.

To further illustrate the association, we have discussed additional data in our revised manuscript, as suggested. In 16 cases of gastric cancer with DM as the first symptom, the average time interval between the diagnosis of gastric cancer and DM was 11 months. The diagnostic methods include endoscopy, CT, and PET)/CT. Among the total of 18 patients, 5 (27.8%) developed metastasis and 6 (33.3%) died. Because DM associated with tumor is associated with a high rate of metastasis and mortality, a detailed and comprehensive medical history is needed upon diagnosis, and physical examination and laboratory screening are required to determine the presence of potential tumors.

However, the exact mechanism of the association between DM and gastric cancer is unknown, further accumulation of such cases and experiments in vivo and in vitro are required to elucidate the underlying mechanism, which is a subject that we need to study in the future.

Reviewer #2: comments:

it is a particular and rare pathology, necessary to know and must be treated properly for a favorable result.

Answer: Thank you very much for your review on our manuscript. The treatment of dermatomyositis follows the principle of individualization. Currently, glucocorticoids are mainly used in the treatment, with the initial dose generally 1-2 mg/kg/d, which is gradually decreased. Immunosuppressants can be added to reduce hormone dosage in patients with severe hormone resistance or side effects, and imidazathioprine and methotrexate are most commonly used. Surgery, chemotherapy, and radiotherapy are considered appropriate for cancer^[1]. For the treatment of case 1 in our article, hydrocortisone sodium succinate (100 mg, qd, ivgtt) was used to replace prednisone for 3 days in the preoperative period, without symptom alleviation. For the treatment of case 2, Prednisone was orally administered (10 mg, qd, po) combined with azathioprine (50 mg, bid, po) and hydroxychloroquine (100 mg, bid, po). The rash was slightly alleviated; however, muscle soreness and weakness did not improve. Finally, the rash of both patients improved significantly after the operation. Recent studies report that the symptoms of DM are closely related to the progression of malignant tumors. Therefore, we conclude that patients diagnosed with DM and gastric cancer should be treated for cancer first, which can improve the symptoms of DM and avoid tumor progression.

1 Waldman R, DeWane M E, Lu J. Dermatomyositis: Diagnosis and treatment. J Am Acad Dermatol 2020; 82: 283-296 [PMID: 31279813 DOI: 10.1016/j.jaad.2019.05.105]