

World Journal of Clinical Cases

Dear editors and Reviewers,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled (69029). 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 portions are marked in red in the paper.

Thank you for your consideration of this manuscript.

Best wishes,

Sincerely,

Yong Ding dingy135@126.com

The main corrections in the paper and the responds to the reviewers' comments are as following:

Reviewer 1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

1) Try to concise INTRODUCTION

Answer: Thank you for your comment! We have simplified the INTRODUCTION to 79 words.

2) Give a hint about the colonic signet ring carcinoma CASE PRESENTATION

Answer: Sincerely, we are so sorry because the patient doesn't have any gastrointestinal symptoms past medical history and family history. This is the first time for her to receive colonoscopy so we cannot provide some hints about signet ring carcinoma.

3) History of past illness, Personal and family history, Physical examination, Laboratory examinations: You can collect them in one paragraph

Answer: Your suggestion is with reason but the guidelines about the periodical office requires us to keep these titles. If honorific editors think these paragraphs can be collected in one paragraph, we are glad to accept your excellent advice.

4) Imaging examinations: Provide Ct or MRI picture

Answer: We add the picture of contrast-enhanced CT scans of the abdomen as Figure 1 at once.

5) Histological examination: Clarify the histopathology of the first biopsy and the second colonic resection separately.

Answer: We have separated histological results in histological examinations.

6) OUTCOME AND FOLLOW-UP: Give a brief about postoperative and for the oncology plan, if possible

Answer: We have introduced the XELOX chemotherapy after the surgery.

DISCUSSION 7) At the end of this section "We believe that our thorough polypectomy and rapid specimen fixation may have helped avoid missing the tumor. The patient subsequently received chemotherapy. We report a rare case of signet ring cell carcinoma hidden beneath a

large pedunculated colorectal polyp. Polyps or adenomas removed via endoscopy must be evaluated histologically. Even if adenomas may be fragile, endoscopy doctors should still remove polyps as completely as possible and choose perpendicular sections through the stalk and base to fix. A pathologist should examine the lesion from the muscularis mucosae to the submucosa and describe the position precisely as well". It should be rephrased as: "Polyps or adenomas removed via endoscopy must be sent for histopathology examination to be carefully evaluated by the pathologists keeping in their minds the possibility of underlying malignancy in a benign looking lesion, they should examine the lesion from the muscularis mucosae to the submucosa and describe the position precisely as well" [15,16] (2 references should be cited here (Kang SH, Chung WS, Hyun CL, et al. A rare case of a signet ring cell carcinoma of the colon mimicking a juvenile polyp. Gut Liver. 2012;6(1):129-131. doi:10.5009/gnl.2012.6.1.129) and (Hasan A, Nafie K, Aldossary MY, et al. Unexpected histopathology results following routine examination of cholecystectomy specimens: How big and how significant?. Ann Med Surg (Lond). 2020;60:425-430. Published 2020 Nov 13. doi:10.1016/j.amsu.2020.11.019). This patient subsequently received chemotherapy up on the histopathology result".

Answer: It's our pleasure to get this advice and we immediately read and cite these references.

8)Figure should be separated as two figures at least; one for the endoscopy and one for the histopathology which must showing the type of stains and magnification power.

Answer: We have added the multi-angle pictures of the pedunculated polyp under the colonoscopy in Figure 2 and separated the histological examinations and pathologic pictures in Figure 3.

Reviewer 2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

The case report discusses a rare incidence of singet cell cancer within a colon polyp. It further reviews management of colonic polyps with stalks. I think the case can be reviewed by adding diagrams/ outflow charts on how to manage malignant colon polyps, please review the multi society guidelines on management of malignant colon polyps Also if authors can review the practice of removing the residual stalk by snaring it out. English language can be improved especially on case presentation section Of notes, pednuclated polyps are not benign they are all precancerous. This need to be fixed in the article.

Answer: Thank you for your suggestion! We have polished the article via AJE and cited a figure about how to manage malignant colon polyps in Figure 4.