

ROUND 1

Dear Reviewers:

Thank you for your careful review of “Synchronous gastric cancer complicated by chronic myeloid leukemia (multiple primary cancers): a case report and literature review” (manuscript number: 78515). We appreciate your detailed review and rigorous critiques of our paper. Please find below our point-to-point responses to the queries raised by the reviewers. The relevant portions of the manuscript are highlighted in green.

A1. I prefer if the case would be described in a simple and understandable way for everyone.

Answer: We have modified our case description to enhance readability.

A2. The case is well described, but needs minor revisions.

Answer: All revisions suggested by the reviewers were incorporated in the manuscript.

A3. Delete repeated sentences, like this (To better diagnose and treat such patients, we reviewed the literature on leukemia complicated with gastric cancer-related multiple primary cancers, and analyzed the disease mechanism, clinical symptoms, and treatment, hoping to provide useful reference for the diagnosis and treatment of such patients in the future) which is brought in two sections (core tip and introduction).

Answer: We have deleted the repeated sentences.

A4. Describe this sentence in the imaging examinations; (The deformed pylorus is deformed, but the lens body is able to pass).

Answer: The inappropriate description was corrected.

A5. It would be better if you describe the surgical procedure (only ostomy) in details you performed.

Answer: We have added additional detail to the description of the procedure.

A6. Linguistically your manuscript needs polishing, for example: (the case happened in the past, but you described it in the present).

Answer: The full text of the paper has been re-edited.

B1. Has the patient been given radiotherapy? There are many other studies in the literature on this subject, and I do not think that this study will make an additional contribution to the literature.

Answer: After a multidisciplinary discussion, we recommended the patient to receive chemotherapy. Due to the rapid progression of his disease, radiotherapy was not administered.

C1. I think this gastric cancer has a diffuse infiltration type (type IV). I don't think it's type III. I think that the part of ulceration was only partially destroyed and surfaced. According to endoscopic images, the stomach was not inflated all around by insufflation. If not, I think you should present the endoscopic images of well-inflated stomach.

Answer: This patient indeed displayed diffuse infiltration type (type IV) disease, and we apologize for our oversight. We communicated with the operating physician of the previous gastroscopy. Due to multiple factors, the physician was unable to obtain a suitable image of the inflated stomach at the time of the procedure.

C2. Isn't the author's facility performing endoscopy for screening? Unless you have a very urgent need to start treatment, I think it is essential to use endoscopic examination to screen gastrointestinal tract. As you know, lymphoma is derived from the digestive tract, and EB virus / Helicobacter pylori infection has some genetic influence.

Answer: In general, we use the gastroscope to make a clear and accurate diagnosis. As CT examinations revealed no intestinal lesions in the patient, we did not refer him for a subsequent colonoscopy. We appreciate the reviewer's reminder and will consider this critique carefully during future treatments. We hope to continually improve our examination protocols.

C3. This case probably presents an image of scirrhous gastric cancer, and I think that endoscopy did not improve the prognosis. The discussion explains the need for CT, but isn't that enough? I think it is better to describe the possible measures of the author a little deeper with reference to other literature.

Answer: Thank you for this critique. We added additional material to the Discussion section.

Thank you for the guidance provided by the professor.

Sincerely

Ze Yang

ROUND 2

Dear Reviewers:

Thank you for your careful review of “Synchronous gastric cancer complicated by chronic myeloid leukemia (multiple primary cancers): a case report and literature review” (manuscript number: 78515). We appreciate your detailed review and rigorous critiques of our paper. Please find below our point-to-point responses to the queries raised by the reviewers.

A1. The case still needs revision in terms of professional and languages issues As an example - Introduction: Later, the patient’s condition rapidly progressed. He developed colonic obstruction and underwent ostomy; however, he died six months after the initial diagnosis (needs to be understandable). - Discussion: The patient in this case is a middle-aged man from a rural area who self-reported that he had no bad living habits. (the case reported in the past but described in the present....needs grammatical revision). - Discussion: interval of ³6 mo?? So you need to review all the manuscript and revise that carefully.

Answer: We have modified our case description to enhance readability.

A2. Describe the surgical procedure in a small paragraph

Answer: Thanks for the reviewer’s reminder, we have described the surgical procedure in a small paragraph.

A3. There were no figures.

Answer: We have contacted the editor and included images in the manuscript.

Thank you for the guidance provided by the professor.

Sincerely

Ze Yang