

## Format for ANSWERING REVIEWERS

### ROUND 1

February 10, 2023



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 83354-review.doc).

**Title:** Successful treatment of breast metastasis from primary transverse colon cancer: A case report

**Author:** Xin Jiao, Fang-Zhou Xing, Mi-Mi Zhai, Peng Sun

**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:** 83354

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

1 Format has been updated.

2. References and typesetting were corrected.

3 Revision has been made according to the suggestions of the reviewer

Reviewer #1: The authors described a case of CRC with breast metastasis. Although it is a rare, interesting disease; however, several studies have reported this condition. In addition, many confusing points in this manuscript should be clarified. -In the introduction, the authors stated, "The median survival rate of colon cancer is still poor, despite numerous treatment methods" and cited reference 2. However, reference 2 was about the impact of delayed surgery in colorectal cancer and was not correlated with that sentence. In fact, the median survival of stage I and II CRC are excellent. The authors should correct this false statement. -The authors stated in the introduction that 20 CRC cases with breast metastasis were reported and cited the studies published in 2010 and 2011. This might be wrong. From the literature search on this topic, ~60 studies have reported this rare case so far. -The authors stated that there was numerous abdominal and retroperitoneal lymphadenopathy. Why did the authors perform transverse colectomy? How can this operation resect all massive lymphadenopathy, especially retroperitoneal nodes? -Did the preoperative chest CT reveal breast mass? Preoperative CEA was 697 ng/mL; therefore, it might be metastasized disease at the presentation. Moreover, the 2-cm breast mass was found just three months after the colectomy. -The authors should provide pictures of breast lesions or specimens. They are interesting for this case report of breast metastasis. -The follow-up was 16 months; therefore, it is tough to summarize that the authors found an effective treatment for this stage IV disease (The authors mentioned in the abstract). -The patient was 23 years old. Did the authors perform genetic testing for familial cancer? It could be a de novo mutation. In summary, I regret to mention that this case report lacks an interesting learning point. It will gain less interest from the audience. I hope the critics I mentioned may help improve this manuscript in some ways.

Answer:

1. "The median survival rate of colon cancer is still poor, despite numerous treatment methods", we have corrected this false statement, and we requoted references.
2. The number of CRC cases with breast metastasis have been corrected.
3. We performed exploratory laparotomy, because transverse colon tumor cause peritonitis. We try our best to clean lymph nodes, but we can't completely clean them because of advanced tumor.
4. The preoperative chest CT did not reveal breast mass.
5. We didn't keep photos during the operation, but we provided color Doppler photo.
6. The average survival time is 14.9 months in breast metastasis from colon cancer by reviewing the literature (Wang X, Zhang H, Lu Y. Breast metastasis of signet ring cell carcinoma from the colon: a case report. *World J Surg Oncol*. 2022 Dec 1;20(1):376. doi: 10.1186/s12957-022-02840-7. PMID: 36451153). The follow-up was 16 months in our case, I think our therapy is effective for treatment of breast metastasis of colon cancer.
7. There was no family history of tumors. Genetic testing showed that *RAS* and *BRAF* were wild type. According to the treatment guidelines for distant metastasis of colon cancer, we replaced the original chemotherapy with FOLFIRI + cetuximab. We did not perform genetic testing for familial cancer. Further study is needed in the following work.

Reviewer #2: This is a rather good clinical case presentation, however, the manuscript is not really within the scope *World Journal of Gastroenterology* but rather the journal focusing on the clinical cases, e.g. *World Journal of Clinical Cases*.

Answer: I agree to transfer to *World Journal of Clinical Cases*.

Reviewer #3: Dear authors: Successful treatment of breast metastasis from primary transverse colon carcinoma, can be an interesting case to report, as you alluded in this article. It is worth noting that, the most parts of the manuscript has a good spelling, grammar and syntax. However, before it becomes publishable, it still requires some improvement. Here are my comments: 1. Keywords should represent key concepts and should reflect a collective understanding of the topic. For determining the correct and most appropriate keywords, you can use Medical Subject Headings (MeSH) or Google Keyword Planner. 2. The introduction is short, and the constructs and concepts in the introduction section are poor-organized. Include more general and specific background in the manuscript, and use more cohesion and coherence in sentences. 3. In case presentation part, specially Disease evolution extra information is obvious, make it less intricate, and

easier to comprehend for readers. 4. In my opinion, this manuscript is not a literature review, please consider it in your title. 5. In the manuscript, there are some sentences (for example: first line of discussion part) which have been left without citation. Provide references for all the sentences which finish with a dot, and make sure that the entire manuscript follows this maxim. 6. The discussion section has been written appropriately, but for making it more valuable, consider comparison between other and your case about similarity and differences. 7. Most bibliographic citations which have been used are more than 5 years old and obsolete. The authors must update and arrange the bibliography.

Answer:

1. Keywords have been corrected.
2. The constructs and concepts of the introduction have been well-organized.
3. I have cleared the part of Disease evolution.
4. This manuscript is not a literature review, so I delete the "literature review" in the title.
5. I make comparison between other cases and our case about similarity and differences in the part of discussion.
6. More references are applied and updated.

Thanks for your precious suggestion, we will continue to do much work to prove my conclusion.

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

Sincerely yours,  
*Xin Jiao*

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## **ROUND 2**

Reviewer #1: It's a well prepared case report. If the journal editors see it fit to have clinical cases in the journal, then it's a suitable paper for publication.

Answer: Thank you for your affirmation. We will continue to work hard to obtain more valuable research results.

Reviewer #2: The authors responded well; however, the value of this case report is limited without lesion picture and clear learning point.

Answer: Thank you for your guidance. We will continue to work hard to obtain more valuable research results