Format for ANSWERING REVIEWERS

January 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8672-review.doc).

Title: Laparoscopic resection of synchronous gastric cancer and primary small intestinal lymphoma: A case report

Author: Ding-Wei Chen, Yu Pan, Jia-Fei Yan, Yi-Ping Mou

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8672

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

2 Revision has been made according to the suggestions of the reviewer:
We have added the pathologic figures of both tumours in our paper.

3 References and typesetting were corrected.

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

Sincerely yours,

Ding-wei Chen

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1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer
(1) Before operation the patient had received gastroscopy and showing the rough mucosa of gastric antrum, the pathological diagnosis was adenocarcinoma of gastric antrum;
(2)Figure 3 have been deleted and we have added arrows in all figures to point the findings.

3 References and typesetting were corrected

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

Sincerely yours,

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1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer:

(1) The patient without any past medical history and past surgical history. Without any special medications.

(2) Before operation the patient had received gastroscopy and showing the rough mucosa of gastric antrum, the pathological diagnosis was andenocarcinoma of gastric antrum.;

(3) Some details of the operative approach: Firstly we performed the laparoscopic distal gastrectomy and resection of bilateral ovaries, then performed the partial resection of both small intestine and descending colon. The reconstruction of digestive tract were: Roux-en-Y anastomosis for residual stomach and small intestine, end to end anastomosis for the descending colon.

(4) The 4th day after surgery the patient passed the gas and began the liquid diet; the 7th day after surgery the patient recovered well and discharged; we advised her to come to the outpatient department for a consultation two weeks later.

(5)The chemotherapy regimen for the patient: Rituximab 600mg ivgtt d_1+Oxaliplatin 130mg ivgtt d_1+Epirubicin 90mg ivgtt d_1+ Vincristine 2mg ivgtt d_1+Dexamethasone 15mg iv d_{1-5}.

(6) We may gave up the operation for this patient if the diagnosis was gastric adenocarcinoma with metastasis.

(7) Some retrospective studies demonstrating benefit from surgery and chemotherapy over chemotherapy or radiation therapy alone. Ibrahim EM's research showed that compared with single-modality management, multi-modality strategy attained significantly higher complete remission(CR), and advantageous median event free survival(EFS), but without a significant superior effect on the median overall survival(OS). Kim SJ's research analyzed 345 patients of intestinal diffuse large B-cell lymphoma, and compared them according to treatment with surgical resection followed by chemotherapy versus chemotherapy alone: surgery plus chemotherapy yielded a lower relapse rate (15.3%) than did chemotherapy alone (36.8%, P<0.001). the 3-year overall survival rate was 91% in the surgery plus chemotherapy group and 62% in the chemotherapy-alone group(P<0.001). The multivariate analysis showed that surgical resection plus chemotherapy was an independent prognostic factor overall survival.

3 References and typesetting were corrected.

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

Sincerely yours,

Ding-wei Chen

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

2 Revision has been made according to the suggestions of the reviewer:

(1) We have made the initial portion of the "case report" section briefly and added the normal values for CA19-9 and CEA;

(2) The reconstruction of digestive tract were Roux-en-Y anastomosis for residual stomach and small intestine, end to end anastomosis for the descending colon. There were three anastomoses all finished by stapled with Endo-GI. The operation time was about for four hours, blood loss was about for 100ml. At the time of the operation we had discussed of creating ileostomy, due to the perfected anastomoses, then we gave up it.

(3) The 4th day after surgery the patient passed the gas and began the liquid diet; the 5th day after surgery the patient began the semifluid diet; the 7th day after surgery the patient discharged; we advised her to come to the outpatient department for a consultation two weeks later. It was the normal discharge time for such an operation in our hospital and the patient without any obviously postoperative complications.

(4) The chemotherapy regimen for the patient: Rituximab 600mg ivgtt d_1+Oxaliplatin 130mg ivgtt d_1+Epirubicin 90mg ivgtt d_1+ Vincristine 2mg ivgtt d_1+Dexamethasone 15mg iv d_{1-5}. Every three weeks for one cycle, and total with six cycles.

(5) We have used arrows to highlight pertinent findings and remove some extraneous text on CT images.

3 References and typesetting were corrected.

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