

ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Hepatoid adenocarcinoma of the colon in a patient with inflammatory bowel disease

Author: Yuanyuan Chen, David F Schaeffer, Eric M Yoshida

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8904

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

In page 4, line 6. A subsequent dysplasia surveillance colonoscopy showed a small polypoid lesion within the proximal transverse colon in a background of chronic inflammatory mucosal changes.

Is this small polypoid lesion, which is a carcinoma, different from the two other cancers? I think that the two cancers, which are 2cm and 4.7cm in diameter, are not small. Thus this description suggests there were three cancers. Corrected

In page 4, line 21. Lymphatic and venous invasion were not identified and forty-five regional colonic lymph nodes were negative for metastatic disease. Corrected

In page 8, line 8. Immunohistochemically, HA usually show strong positivity for AFP (88%), HSA (63%), and EpCAM antibodies HEA125 or MOC31, which usually do not react with hepatocytes[2]. Corrected

In page 5, line 23. Subsequent review of the original colonic tumors demonstrated that the larger, poorly differentiated, tumor was in fact composed of polygonal-shaped cells with granular eosinophilic cytoplasm, centrally located nuclei and prominent nucleoli (Figure 2a & b). Corrected
Check that larger may be smaller.

In page 3, line 3. Hepatoid adenocarcinoma (HA) is a rare neoplasm, which was first described in the stomach by Boureille et al. in 1970[1]. Corrected

3 References and typesetting were corrected

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

Sincerely yours,

