



March 18, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS 9337-review.doc).

Title: Surgical resection of advanced gastric cancer following trastuzumab/oxaliplatin/capecitabine combination therapy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9337

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 reviewers:

(1) Reviewer 1: Recently, the case presentations have been reported that trastuzumab is effective on HER-2 positive gastric cancer. Accumulation of such a successful case is important for the clinical practice. The case report has a scientific value to be published in World Journal of Gastroenterology. Please revise the present title to "Surgical resection of an advanced gastric cancer following a combination therapy of trastuzumab, oxaliplatin and capecitabine".

Answer: Thank you for the suggestion. We changed the title accordingly after reduction to 12 words (Journal word restriction) to: Surgical resection of advanced gastric cancer following trastuzumab/oxaliplatin/capecitabine combination therapy

(2) Reviewer 2: This case report describes a case of HER-2 overexpressing advanced gastric carcinoma successfully treated with surgery and combined chemotherapy of trastuzumab, oxaliplatin and capecitabine. The manuscript is well written and provides some information that is potentially useful to readers. I have only minor comments. 1. Please give information on the toxicity related to chemotherapy. 2. Observation period of 1 year is too short to evaluate treatment outcome.

Answer: The toxicity of the related chemotherapy regarding trastuzumab/ oxaliplatin/ capecitabine was added into the revised manuscript as following. The major toxicity related to chemotherapy was grade 1 or 2 neutropenia and nausea. No obvious cardiac adverse events were documented in the patient.

Since our patient was first admitted to our hospital in July 2012 and we wrote the article last year, a longer follow up time was not possible, but up to now, the patient keeps recurrence free for 18 months. This information was added into the revised manuscript.

(3) Reviewer 3: The case report involves the treatment of a patient with gastric cancer treated with a already described neo-adjuvant protocol. There is no general diagnostic challenge in reading the manuscript for the general reader of WJGE. The follow-up interval is too short to claim any benefit after this extensive resection.

Answer: Since our case report patient was first admitted to our hospital in July 2012 and we wrote the article last year, a longer follow up time was not possible, but up to now, the patient keeps recurrence free for 18 months. This information was added into the revised manuscript.

We emphasize, that neo-adjuvant trastuzumab medications for advanced HER-2 positive gastric cancers is still not generally established as a first choice treatment option.

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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