

May 15, 2021

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 66882-review.docx).

Title: Asymptomatic Gastric Adenomyoma and Heterotopic Pancreas in a Patient with Pancreatic Cancer: Case Report and Literature Review:

Author: Kun Li, Yan Xu, Nanbin Liu, Baomin Shi*

Name of Journal: World Journal of Clinical Cases

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

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer
 - (1) . Page numbers are added;
 - (2) . Abstract are modified according to WJCC style;
 - (3) . 'lesion' in the line 1-2 of abstract has been corrected into 'neoplasm';
 - (4) . The first sentence of case summary has been revised into 'A 75-year-old woman with a with hypertension for the previous 10 years was admitted to the Emergency Department of our hospital complaining of paroxysmal exacerbation of acute abdominal pain for 1 day with no apparent cause.' The second sentence has been deleted and 'Due to the imaging findings, pancreatic cancer, gastric lesion, cholecystitis and cholecystic polypus were our primary consideration.' has been added after the third sentence.
 - (5) . The term of 'to date' has been added just after 'first reported case' in line 2 of the conclusion of abstract;
 - (6) . 'caudal pancreatic cancer' has been changed into 'caudal PC' in line 7 of the conclusion of abstract;
 - (7) . The unnecessary and unimportant content has been deleted in the case report column according to the WJCC;
 - (8) . 'Due to the aforementioned imaging findings, we decided to perform operations to relieve PC and tired to figure out the nature of the gastric mass intraoperatively.' has been added into the 'imaging findings' column of the 'case report' part;
 - (9) . The title 'pathological result' has been replaced by 'pathological result postoperatively';
 - (10) . The images have been renumbered. 'figure 1' has been merged with 'figure 2' into 'figure 1A' and 'figure 1B'. 'figure 3' has been merged with 'figure 4' into 'figure 2A' and 'figure 2B'. 'figure 5' has been renumbered into 'figure 3'. 'figure 6' has been merged with 'figure 7' into 'figure 4A' and 'figure 4B'. 'figure 8' has been merged with 'figure 9' into 'figure 5A' and 'figure 5B'. 'figure 10' has been renumbered into 'figure 6'. A new figure has been made named as 'figure 7', and this figure as well as its instructions has been inserted after figure 6 (Reviewer's

comments: GA, HP, are stated to originate from the same origin. Regarding the developmental process of GA, HP, PC, etc., along with the developmental process of the pancreas, please add (a) new schematic figure(s) and add more explanations to avoid misunderstandings for all the readers of WJCC.) The instructions of these images have been renewed. The references of these images in the paper have also been renumbered, '(Fig. 6)' has been added at the end of 'pathological result postoperatively' column of the 'case report' part and '(Fig. 7)' has been put into line 3, paragraph 5 of 'discussion' part.

(11) . 'Postoperatively, the patient went through sequential chemotherapy and regular follow-ups.' has been added into the 'outcome and follow-up' column of 'case report' chart;

(12) . The sentences 'GA is one of the rarest diseases among gastric submucosal tumors, with whose definition based on pathological classifications. As was mentioned before, there are only 60 cases of GA up to now. In 2017, Sinan Wang^[7] have reported that 17 of the 571 cases that could not be fully resected by endoscopic submucosal dissection were GA, while these data attached no pathological images. Even if these lesions are indeed GA, as well as those didn't undergo operations, losing the chances of definitive diagnosis, a consensus has been reached that GA is an uncommon disease^[8-10].' has been added into line 3 of the 'discussion' part. (Reviewer's comments: You say that GA is a very rare disease. However, in 2017, Sinan Wang et al. have reported that 17 of the 571 cases that could not be fully resected by ESD were GA. so I think GA is not so rare. GA is a disease concept that has malignant potential, with some malignant cases, but most of them are benign submucosal tumors, and there may be quite a lot of cases that do not reach the pathological diagnosis of GA, I think. Is GA really rare? In this regard, add more recent references and add your own opinions to the "Discussion" section.)

(13) . Reference are formatted according to WJCC.

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

Sincerely yours,

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