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To: The Editorial Board

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Dear Editor

We have the pleasure to submit our revised manuscript entitled: "Management of primary retroperitoneal synovial sarcoma: report of a case and review of the literature" to your distinguished journal for publication.

We would like to state the significance and uniqueness of this work in the authors view. We consider our work as an original clinical contribution not previously published or submitted in any other journal. All authors contributed significantly in all stages of this work, they have read and approved the revised manuscript and confirm that no conflict of interest exists. Furthermore, no benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

We would also like to inform you that we took into thoughtful consideration all the reviewers' constructive suggestions. We are able to report the following revisions:

Answer to reviewer 1:

With regard to your proposal a CT image with relevant legend has been included in the manuscript.

Answer to reviewer 2:

- 1) In accordance with your constructive remark, in the text under "CASE REPORT", we clarify that "Pre-operative U/S or CT guided biopsy was avoided as CT depiction was not indicative of lymphoma".
- 2) In the text under "CASE REPORT" has been added the word monotherapy in the phrase "according to our institution's multimodality tumor board, she was administered adjuvant irradiation therapy" in order to explain that the patient did not receive adjuvant chemotherapy.
- 3) According to your suggestion, we tried to cutback the "INTRODUCTION" section.

Answer to reviewer 3:

- 1) With regard to your remark about CT indicated infiltration of the major psoas and quadratus lumborum muscles we would like to mention that the patient underwent surgical excision of the mass with additional right nephrectomy and resection of the right adrenal gland and a part of the diaphragm while infiltration of the major psoas and quadratus lumborum muscles was not verified. Relevant notice has been added in the text under “CASE REPORT”.
- 2) According to your comment about pre-operative radiation we would like to suggest that in accordance with multimodality tumor board’s decision surgical treatment was implemented. In addition, neo-adjuvant administration of radiotherapy was not recommended.

Answer to reviewer 4:

As mentioned above imaging evidence has been provided. In addition, in the text under “CASE REPORT”, we clarify that “Pre-operative U/S or CT guided biopsy was avoided as CT depiction was not indicative of lymphoma”. Therefore, multimodality meeting asked no further investigation with MRI scan and preoperative tissue diagnosis. Finally, in accordance with your suggestion we refer that the patient underwent en bloc surgical excision of the mass.

Answer to reviewer 5:

With regard to your notice about the patient’s follow-up we would like to remind you that in the text under “CASE REPORT” we conclude that the last 60 months, the patient remains under intense monitoring with CT and MRI of the brain, lungs and the abdomen without signs of relapse. Moreover, after meticulous investigation of proposed references we would like to mention that we are not able to include them in the manuscript as they are not related to the article’s subject. More specifically, the article “Isik A, Firat D, Yilmaz I, Peker K, Idiz O, Yilmaz B, Demiryilmaz I, Celebi F. A survey of current approaches to thyroid nodules and thyroid operations. Int J Surg. 2018 Jun;54(Pt A):100-104. doi: 10.1016/j.ijso.2018.04.037” does not refer to the management of retroperitoneal synovial sarcoma.

Please do not hesitate to contact us (corresponding author: Aikaterini Mastoraki) if you need any further information. We are looking forward to your response.

Kindest regards

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