

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: none

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: I congratulate the authors for publishing such a rare case report.

Following are the comments: 1. Why was gastroscopy performed initially when there were no symptoms?

Response: The patient was referred to the local hospital for healthy examination and gastroscopy was performed with no evidence of symptoms. we have added it into the part "History of present illness"

2. Why was the patient not evaluated further by biopsy?

Response:Consequently the rapidly infiltrating growth lesion in fundus associated with the symptom of abdominal discomfort,feasibility of endoscopic resection judgment through EUS,the lesions were resected by ESD for the purposes of symptomatic remission and acquiring sufficient histological proof. So the lesion in fundus was resected in its entirety by ESD instead of biopsy.The reason was showed in the part"FINAL DIAGNOSIS".At 8-month follow-up,the patient noticed complete regression of the abdominal discomfort symptom.

3. What evaluation was done to evaluate the metastatic disease?

Response:In addition to the multifocal metastatic lesions detected in the gallbladder,pancreas and soft tissue through abdominal contrast-enhanced CT,chest CT,head CT,doppler echocardiography,ultrasound examination of thyroid gland and adrenal gland were evaluated to exclude distant metastases.we have added it into the part"Imaging examinations"

4. Why will the oncological history of RCC be missed as said by the authors. It lies in the art of history taking. Any lesion in the body in a patient with history of malignancy should be evaluated for metastasis.

Response:In the article,we said that the oncological history of RCC may be missed.we were based on two reasons, one was the gastric metastasis from RCC is extremely rare entity that is not easily be considered.The other reason was the occurrence of gastric metastasis from RCC may take a significantly longer interval even several years after nephrectomy which was easily be neglected.

5. Figure 1 not required.

Response:we have deleted Figure 1 in the article.

6. In the past history mention the treatment done for RCC also.

Response:He underwent nephrectomy for renal cell cancer 5 years ago.Targeted agent sunitinib was used to prevent recurrence for 3 years and treatment discontinued 2 year ago.it was showed in the part"History of past illness"