

Dear Editor:

Re: Manuscript 78830 “Testis and Epididymis – Unusual Sites of Metastatic Gastric Cancer: A Case Report”. Your comments and those of the reviewers were highly insightful, and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers.

Revisions in the text are shown in track changes. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in ***World Journal of Clinical Cases***.

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Gui-Ming Zhang (zhangguiming9@126.com)

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.
Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade C (Good)

Re: Thank very much for the positive feedback about the manuscript.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at:
<https://www.referencecitationanalysis.com/>.

Re: Thank very much for the positive feedback about the manuscript.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: In this manuscript, the authors report a case of metastasis of gastric cancer to the testis. Overall, the manuscript is well written. There are a few issues to be addressed. Introduction: The author mentioned that gastric cancer is usually diagnosed at an advanced stage. However, there are efforts to tackle gastric cancer. Some countries have implemented population-based screening. I would recommend the authors to mention this point to present a whole picture of gastric cancer. There is a previous article mentioning the screening policy in Japan: Huang HL, Leung CY, Saito E, Katanoda K, Hur C, Kong CY, Nomura S, Shibuya K. Effect and cost-effectiveness of national gastric cancer screening in Japan: a microsimulation modeling study. BMC Medicine. 2020;18(1):1-2. Case presentation: The authors made a clear presentation of the case except whether there is one mass or a number of masses. The authors mentioned that there was a hypoechoic mass under ultrasound and a solid tumour with a maximum diameter of 3.6cm was removed in the operation, also in the CT image. However, in the Discussion / Conclusion section (lines 212, 255, 262), the authors wrote "...palpable painful masses..." etc. Please clarify/revise accordingly. Discussion: The authors mentioned a couple of existing hypotheses in the article. And, In line 209, they further hypothesised that the patient in the present study was likely to have spread via the lymphatic system. However, there are no tests or examinations conducted to support or against that. Therefore, I'd like to suggest the authors revise the sentence or add some limitations. Please mention the added values of this case report. Figure1: Please move the white arrow to a clearer position, or use an asterisk to indicate the location of the mass clearly.

Re: Thank very much for the positive feedback about the manuscript. We are very grateful for the reviewer's constructive suggestion. We are sorry for the unclear expression of the mass. Revisions in the manuscript are shown in track changes. In

addition, we add some limitations in line 211 of the hypothesis in our case. Finally, we modified the Figure 1 and used an asterisk to indicate the location of the mass clearly.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: To me, this is an interesting case reporting that gastric cancer could metastasize to testis and epididymis. I believe this finding will advance the knowledge of clinicians about the development of gastric cancer. The writing is well. The description of the case is clear.

Re: Thank very much for the positive feedback about the manuscript.

Reviewer #3:

Scientific Quality: Grade D (Fair)

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

Conclusion: Major revision

Specific Comments to Authors: Since the patient was diagnosed with a peritoneal carcinomatosis only one month after the operation, and a moderate right hydrocele co-existed, may be the orchy-epididymal tumoral mass was a peculiar peritoneal localization due to the peritoneum-vaginalis duct patency. In this way, I think you can explain the pathogenetical mechanism of this rare localization. Otherwise, the article is the report of an anecdotal episode of a very rare metastasis from gastric cancer, with a scarce grade of interest.

Re: We are very grateful for your constructive suggestion. We have discussed three main mechanisms of gastric cancer metastasis. You think the peritoneum-vaginalis duct patency is the major mechanism of the orchy-epididymal tumoral mass because he was diagnosed with a peritoneal carcinomatosis only one month after the operation and a moderate right hydrocele. Thank very much for your

insightful and logical opinion to explain pathogenetical mechanism. However, this patient had a history of juvenile orchitis and had undergone vasoligature more than 10 years before. We think the possible obliteration of bilateral inguinal canals may have prevented tumor cells from spreading through the processus vaginalis. Therefore, we think this hypothesis could not perfectly explain the pathogenetical mechanism of this rare localization. We hypothesize that the testicular and epididymal metastases in our patient might have spread contrarily via a lymph drainage duct. But the inguinal canals might be patency due to many reasons. Therefore, the value of these hypotheses is limited due to the lack of tests or examinations.