

Answers to Reviewers

October 7, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4479-review).

Title: Digestive cancer surgery in the era of sentinel node and epithelial-mesenchymal transition

Author: Nadia Peparini

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4479

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

1 Format has been modified according to the Editor's suggestions

2 Revision has been made according to the suggestions of the Reviewer # 00504418

(1) The following sentences have been added to the session "Sentinel node mapping and biopsy":

Moreover, there is another problem regarding the pathological diagnosis of SLN metastasis, including micrometastasis. Pathologic examination of SLNs has not been standardized in gastric cancers^[46]. Serial sectioning results in a more accurate evaluation of metastases; however it is time-consuming. H & E staining and IHC have been used in combination with serial section of frozen and paraffin-embedded specimens, for the detection of micrometastatic disease in SLNs^[47]. Occult metastasis in SLN were detected in 4% of pN0 gastric cancer patients using IHC in the 5- μ m thick serial step sections at 85- μ m intervals of whole formalin-fixed paraffin-embedded tissues of all resected SLN^[48]. Highly sensitive real time RT-PCR system which enables rapid analysis to detect the mRNA of CK 19, CK 20 and carcinoembryonic antigen^[49] and one-step nucleic acid amplification (OSNA) assay^[50] are promising tools for intraoperative diagnosis of SLN involvement in gastric cancer.

(2) The following sentence has been added to the session "Number of examined nodes, lymph node ratio, log odds" in order to define the micrometastasis:

[pN1(mi), i.e. tumor cell clusters of >0.2 mm but ≤ 2 mm) and isolated tumor cells [pN0(i), i.e. single tumor cells or small clusters of cells of ≤ 0.2 mm in greatest extent that can be detected by routine hematoxylin and eosin (H&E) stains or immunohistochemistry (IHC) or clusters of ≤ 200 cells in a single histological cross-section]^[57]

(3) the following sentences have been added to the session "Sentinel node mapping and biopsy":

Moreover, new dye-guided intraoperative technologies might revolutionize SLN mapping procedure in gastrointestinal cancers. Indocyanine green (ICG) infrared or fluorescence imaging may identify a higher number of SLNs than radio-guided methods because the particle size of dyes is smaller than that of radioactive colloids. In gastric cancer ICG infrared imaging is an useful tool in laparoscopic detection of SLNs. ICG fluorescence imaging is feasible even by preoperative ICG injection such as 1 or 3 day before surgery; it is also feasible in laparoscopy-assisted gastrectomy via a small laparotomy^[47]. There is only limited experience with the application of ICG fluorescence guided SLN mapping in colo

n cancer. The method has been shown as feasible and safe but further analyses in larger series are necessary to determine its definitive role in colon cancer patients^[54].

In reply to Reviewer # 00503748. Lymph node involvement is a strong prognostic factor in epithelial digestive tumors. This is an hot topic in surgical gastrointestinal oncology.

3 References and typesetting were corrected. References no. 11-45-46-48-49-50-54 have been added.

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

Sincerely yours,

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