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Metachronous isolated penile metastasis from sigmoid colon adenocarcinoma: A rare case report and literature review

Dear Editor:

Thank you for the opportunity to revise our manuscript. We appreciate the feedback and helpful suggestions. We have prepared point-by-point responses to the comments, which are attached to this document. The revisions have been drafted in consultation with all coauthors, and each author has given approval to the final form of the revisions.

Thank you for your consideration.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a meaningful case report to strengthen our awareness of the metastasis of sigmoid colon adenocarcinoma. It is worth of publishing, however some minor revision ought to be done to improve the quality of the article. 1. More cases or literature should be reviewed in the discussion part to lead to clearer recognition of metachronous metastasis of rare organs from sigmoid colon adenocarcinoma. 2. The potential molecular mechanism and related signaling pathway underlying penile metastasis from sigmoid colon adenocarcinoma must be discussed. 3. The prognosis, treatment and follow-up strategy of metachronous metastasis rare organs

from sigmoid colon adenocarcinoma should be elaborated. 4. As we known, penile and sigmoid colon adenocarcinoma are closely associated with the Spleen and Kidney according to the traditional Chinese medicine theory. This paper could be more readable and meaningful if the authors could explore the etiology and pathogenesis of metachronous isolated penile metastasis from sigmoid colon adenocarcinoma with the application of traditional Chinese medicine theory.

Reply: Thank you for the valuable comment. Our point-by-point response is Below.

1. We have reviewed the relevant literature again and quoted more documents for reference in the revised draft.
2. We have enriched the possible mechanisms of sigmoid penile metastasis, but unfortunately, there is no description of the underlying molecular mechanisms and related signaling channels in all the literature reviewed. I think that's probably the next thing we need to explore.
3. Overall, the prognosis for penile metastases is poor. But there have also been rare reports of long-term survival, which we have described in the revised draft. In terms of treatment, we also summarized the view of the literature that palliative care is the main approach, but for specific patients (isolated metastases), partial penile resection or local mass resection is the main approach. We have described the follow-up strategy in the revised version.
4. As we all know, TCM theory is broad and profound, which can serve patients well and play a great role in the prevention of tumor recurrence. However, I am very sorry that all of our authors are lacking in the theory of Chinese medicine and have no practical experience, so we cannot use the theory of Chinese medicine to explain the etiology and pathogenesis. I hope to get your understanding. Thanks!

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: I would like to know the reason why the sexual function had not been approved. Is it due to the lack of sexual partner or because of a drop-out? Or due to other reason. Please precise it in the manuscript.

Reply: Thank you for the valuable comments and suggestions. His wife had been dead for five years and he had no sex since then. We have stated in the revised draft.

We deeply appreciate your consideration of our revised manuscript, and look forward to hearing from you soon.

Yours sincerely,

Qian Lin