

Dear Editor,

The attached is the edited manuscript in word format.

Title:

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Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 6277-edited

The manuscript has been revised according to the reviewers' comments:

Reviewer 1

1. "Firstly I am not quite clear what the research question is. I concluded that it must be how many of incompletely excised non melanoma skin cancers turn out not to have any tumour cells on the wide local excision."

Thanks for your question. Your conclusion is consistent with what we described in the introduction part: "Theoretically, all the tissue samples from wide excision should contain cancer cells. However, pathological analyses of tissue samples from wide excision in our clinic often only show evidence of scar but no cancer cells remaining."

2. "When analysing the data the authors did not consider size of the lesion that was excised, nor if the wide excision was supposed to be a curative excision in the first place. This needs to be mentioned in the paper"

Thanks for your comments. As we described, "The Pathology report will describe the type of cancer and if the cancer extends to the border (positive margin) or is completely excised (negative margin) in the tissue sample. If the lesion is completely removed, no further surgery is needed. For lesions with the positive margin, a wide excision surgery is done to remove the remaining cancer." The wide excision is a complete excision.

3. "There should also be a definition of what the pathologists consider margin involvement. I certainly know some pathologists who depending on condition on

slide (e.g. SCC) will consider a peripheral margin of 0.1 mm still to be involvement of margin and report it so, and also recommend a wider excision.”

Actually all the specimens of patients in this study were sent to one company which is professional in dermatopathology diagnosis. On the one hand, the slides were reviewed by a team which has many experienced pathologists so it is hard for us to tell the fine difference between each pathologist’s diagnosis. On the other hand, individual definition of the positive margin should not cause significant bias in our study because the diagnosis came from different pathologists.

4. “In the conclusion paragraph the authors do not attempt to explain the study findings nor elaborate on the benefit of the study results. This needs to be amended.”

Thanks for your comments. First, we revised the conclusion part to show the significance. Second, we have added the discussion part to provide the possible explanation of this observation.

5. “Finally a comment on references used, they seem all to be book references and fairly outdated in today's terms. I would recommend that the authors do a literature search and include more up to date references in the paper.”

Thanks for your comments. We have added more up-to-date references to strengthen our manuscript, which is more informative now.

Reviewer 2:

“The work is well written and focuses on an interesting aspect of skin cancer surgery. I feel pretentious the sentence of the core tip "This finding suggests an excision wound caused by biopsy may trig a body response to eliminate cancer cells" which is not mentioned in the discussion. This aspect can be further expanded in the discussion bringing histological data of their own experience or a review of the literature.”

Thanks for your comments. We have discussed the potential role of immune response, the wound healing process induced by biopsy in killing the residual cancer cells by reviewing the related literature.