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ANSWERING REVIEWERS

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40502

Title: Multimodal treatments of Rt. gastroepiploic arterial leiomyosarcoma with hepatic metastasis: A case report

Reviewer's code: 02803865

Reviewer's country: France

Science editor: Ze-Mao Gong

Date sent for review: 2018-07-02

Date reviewed: 2018-07-03

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors report a case of gastroepiploid artery leiomyosarcoma (with synchronous liver metastases) diagnosed in a patients with a history of renal cell carcinoma. The case is of interest. An extensive revision is required. Abstract: A minimum of informations on



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the case should be noted. A conclusion (1 sentence) should be included. Introduction The authors could focus on leiomyosarcomas in aged male patients. Case presentation The authors should add informations on the treatment of the renal cell carcinoma (as well as on the stage, presence of metastases). The authors could add informations on the relationships between the gastro-epiploid artery and the tumor: was the tumor adherent to the artery? how did they make the difference between adherence (on which length) to the artery and a primitive arterial tumor and vascular invasion/extension to the artery? Did they see transition zones between the tumor and arterial wall on microscopy? Please precise if at 53 months, the patient was alive or dead? Format requirements: uniform format for all references (page number format) Figures: Past tenses should be used for descriptions.

Answer

Thank you for your thoughtful comment.

1. The authors report a case of gastroepiploid artery leiomyosarcoma (with synchronous liver metastases) diagnosed in a ptients with a history of renal cell carcinoma. The case is of interest.

Answer: Thank you for positive comment.

2. An extensive revision is required. Abstract: A minimum of informations on the case should be noted. A conclusion (1 sentence) should be included.

Answer: I added more information about case and conclusion in the abstract.

3. Introduction The authors could focus on leiomyosarcomas in aged male patients. Case presentation The authors should add informations on the treatment of the renal

cell carcinoma (as well as on the stage, presence of metastases).

Answer: The patient was treated 13 yrs ago at the other hospital. Unfortunately, we could not get the old medical record of other hospital and the patient also didn't know about his stage and presence of metastasis. We just know Lt. nephrectomy state in the CT scan. So I just added the treatment of renal cell carcinoma(Lt. nephrectomy).

4. The authors could add informations on the relationships between the gastro-epiploid artery and the tumor: was the tumor adherent to the artery? how did they make the difference between adherence (on which length) to the artery and a primitive arterial tumor and vascular invasion/extension to the artery? Did they see transition zones between the tumor and arterial wall on microscopy?

Answer: The tumor was primitive arterial tumor at the microscopy. On operation filed, the tumor was come from the gastroepiploic artery. The tumor was also arisen from the arterial wall in microscopic field. I also added IHC result of aLMS.

5. Please precise if at 53 months, the patient was alive or dead?

Answer: He was alive with stable hepatic metastasis at 53 month.

6. Format requirements: uniform format for all references (page number format)

Answer: I corrected the references as uniform format.

7. Figures: Past tenses should be used for descriptions.

Answer: I corrected as your comment.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40502

Title: Multimodal treatments of Rt. gastroepiploic arterial leiomyosarcoma with hepatic metastasis: A case report

Reviewer's code: 00736670

Reviewer's country: Turkey

Science editor: Ze-Mao Gong

Date sent for review: 2018-07-02

Date reviewed: 2018-07-03

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input checked="" type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Is patient curatively treated or still metastatic? What is progression at last follow up

Answer

Thank you for positive comment.

1. Is patient curatively treated or still metastatic?

Answer: He is alive with stable metastatic disease.

2. What is progression at last follow up

Answer: He has stable multiple hepatic metastasis. I added this in the manuscript.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40502

Title: Multimodal treatments of Rt. gastroepiploic arterial leiomyosarcoma with hepatic metastasis: A case report

Reviewer's code: 02512347

Reviewer's country: Saudi Arabia

Science editor: Ze-Mao Gong

Date sent for review: 2018-07-02

Date reviewed: 2018-07-06

Review time: 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

An interesting case report of leiomyosarcoma of the gastroepiploic artery, but it was not presented very well. It could do with language polishing. The case is well illustrated and referenced, but the abstract does not reflect the case well. Also, the introduction and



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the case report itself are not well presented. I do not think this case is suitable for the WJG, but may be considered for a surgical/oncology journal.

Answer

Thank you for valuable comment.

1. An interesting case report of leiomyosarcoma of the gastroepiploic artery, but it was not presented very well. It could do with language polishing. The case is well illustrated and referenced, but the abstract does not reflect the case well.

Answer: I added more information in abstract.

2. Also, the introduction and the case report itself are not well presented.

Answer: I correct case presentation to present the case well.

Name of journal: World Journal of Gastroenterology

Manuscript NO: 40502

Title: Multimodal treatments of Rt. gastroepiploic arterial leiomyosarcoma with hepatic metastasis: A case report

Reviewer's code: 01438831

SPECIFIC COMMENTS TO AUTHORS

This is a very rare case report of gastroepiploic arterial leiomyosarcoma with hepatic metastasis. I am very interested in this case because I reported a somewhat similar case in this journal (WJG 2017; 23(9): 1725-1743). I agree with the conclusion of the author. I have some questions and comments as follows; 1. According to the extent of the previous rectal cancer, both tumor were suspected for liver metastases and peritoneal recurrence of rectal cancer. So I would like to know the stage of the rectal cancer. Besides, preoperative imaging of rectal cancer whether liver tumor existed or not should be described. 2. The author described location of hepatic mass was S8 at first, but later the author described that S4 segmentectomy were performed. Is that correct? 3. After the first operation, the author indicated the omental 3.0cm mass was aLMS and liver 5.0cm mass was metastatic aLMS. At that time, it might be difficult to decide which lesion was origin. 4. At the second and the third operation, the exact pathological diagnosis of the specimen were not described. 5. It is better to describe the regimen of TACE. 6.

In the last phrase of the discussion, it seemed different conclusions are stated from the same reference (reference No.10). Is that correct?

Answer

Thank you for your kind comments and questions.

1. According to the extent of the previous rectal cancer, both tumor were suspected for liver metastases and peritoneal recurrence of rectal cancer. So I would like to know the stage of the rectal cancer. Besides, preoperative imaging of rectal cancer whether liver tumor existed or not should be described.

Answer: I added the stage of rectal cancer (pT2N0M0, stage IIA). There was no abnormal lesion in the liver at the time of rectal cancer diagnosed.

2. The author described location of hepatic mass was S8 at first, but later the author described that S4 segmentectomy were performed. Is that correct?

Answer: Thank you for kind correction. It was our mistake, I corrected as S8 segmentectomy.

3. After the first operation, the author indicated the omental 3.0cm mass was aLMS and liver 5.0cm mass was metastatic aLMS. At that time, it might be difficult to decide which lesion was origin.

Answer: Thank you for good point. Actually two masses were found at the same time, we also confused at the first time we found that. If hepatic lesion was the origin, metastatic lesion could be a lymph node or peritoneal seeding lesion. But, sarcomas are frequently not metastasis to lymph node. And it is difficult to metastasis to arterial wall from hepatic LMS. So, we think that arterial wall was original LMS and liver was metastatic lesion.

4. At the second and the third operation, the exact pathological diagnosis of the specimen were not described.

Answer: I added the exact pathologic diagnosis in the text.

5. It is better to describe the regimen of TACE.

Answer: I added the regimen of TACE. It was a mix of lipiodol 2ml and Adriamycin 10mg.

6. In the last phrase of the discussion, it seemed different conclusions are stated from the same reference (reference No.10). Is that correct?

Answer: Thank you for correcting this error. It was our mistake. I added correct ref. No. 11.