

World Journal of Clinical Cases

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Title: Extremely rare case of successful treatment of metastatic ovarian undifferentiated carcinoma with high-dose combination cytotoxic chemotherapy: A case report

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Dear Editor,

First of all I would like to thank you on behalf of all coauthors for reviewing our manuscript.

Our responses to the comments made by three reviewers are attached herewith.

I would be happy to see and give responses for further comments if done by reviewers before a final editorial decision will be made.

Thank you for consideration of our manuscript, and we hope this manuscript will be more interesting for the readers of World Journal of Clinical Cases.

Responses to reviewer's comments

Reviewer comments:

Reviewer #1

Their diagnosis and usage of the term of "Ovarian mucinous anaplastic carcinoma" is quite improper. Anaplastic carcinoma is generally considered as "Carcinoma which shows no cytological or architectural features associated with more differentiated tumors". Therefore, the tumors showing mucinous differentiation never diagnose as anaplastic carcinoma. As the authors cited, previous reports used the diagnosis of "Anaplastic carcinoma arising in a mucinous tumor of the ovary" or "mucinous carcinoma of the ovary with mural nodules of anaplastic carcinoma". The authors should revise the manuscript using these appropriate terms. The authors should show gross figures and histological figures for mucinous tumor component. In discussion, first sentence, "Ovarian tumors with a mural nodule are rare" is wrong. Ovarian tumors with a mural nodule are common. Ovarian tumors with a mural nodule which composed of sarcomatous or anaplastic carcinoma are rare.

⇒ **Thank you very much for your careful review.**

We reviewed the pathologic diagnosis with the pathologist according to your comments. The mucinous area was confirmed by the myxoid matrix of necrosis and the evidence of

mucinous neoplasia is not clear. Overall, it was a finding of pleomorphic undifferentiated carcinoma.

Therefore, we changed pathologic diagnosis to ovarian undifferentiated carcinoma according to WHO classification of tumors.

Although histology has changed, it is also a cancer with very rare and very aggressive clinical features.

Similarly, in the absence of standard chemotherapy for ovarian undifferentiated carcinoma, our successful treat experience can benefit real clinicians.

Reviewer #2

Very nice microphotographs, but please put the label of cytokeratins on the upper right corner of figure 2B. Also, specify which pan-cytokeratins or subtype of cytokeratins (clone, dilution, and company) have been used.

⇒ **Thank you for your comments. We changed cytokeratin to pan-cytokeratin according to your comment.**

Reviewer #3

Please proofread the whole text.

Besides, I have the following concerns regarding the content of manuscript: did you send for a frozen section during the resection surgery? Why not a safe margin instead? Please explain more clearly the difficulties you were facing during the surgery to maintain a safe margin for the resection of the tumor.

Are there any other chemotherapy regimens or palliative therapies available to be considered? Radiation therapy is occasionally used to treat ovarian cancer that has spread a way. Please expand your discussion with other possible treatment modalities.

⇒ **Thank you for your comments.**

According to your comments, we requested English editing again for the entire manuscript.

Malignant tumor was identified through the frozen section during the debulking surgery but the adhesion to pelvic wall and intestine around the tumor was very severe and failed to secure a safe margin.

As said in the text, the effect of paclitaxel and platinum commonly used in ovarian epithelial cancer is unclear, and chemotherapy regimens commonly used in sarcoma are similar or sever toxic compared to VIP regimen.

In addition, although radiation therapy is often used to treat ovarian cancer, whole abdominal radiotherapy is rarely used, and localized radiotherapy is used to symptom control.

In our patient, radiotherapy alone was insufficient to obtain therapeutic effect due to high tumor burden, and the patients at age of 52 years was relatively young to be able to tolerate the VIP chemotherapy

We believe that we have addressed all questions and comments, but we would be happy to provide further information or revision if necessary. Thank you for your consideration and please feel free to contact us if we can improve our manuscript in any way.

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