

We are resubmitting the Manuscript ID 59913 entitled "Krukenberg tumor with concomitant ipsilateral hydronephrosis and spermatic cord metastasis in a man: A case report" to "World Journal of Clinical Cases ". Our responses to the comments by the reviewers are outlined below. Please also see the revised manuscript for details.

**Reviewer #1:**

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: In this manuscript, authors reported a rare case of spermatic cord metastasis of poorly differentiated gastric adenocarcinoma with signet ring cell component that was identified by inguinal mass and ipsilateral hydronephrosis. The case seems to be educational. However, there are some issues that should be addressed. The reviewer's comments are described as follows. 1.

Although there have been several case reports of spermatic cord metastasis of gastric signet ring cell carcinoma, authors suggested that concomitant male genital metastasis with hydronephrosis has not been reported. Therefore, hydronephrosis should be presented in more detail. Authors should provide CT images showing the origin of left ureteral stenosis and explain the potential causes of hydronephrosis based on the CT findings. 2. Authors should demonstrate whether primary gastric adenocarcinoma dissected in 2016 was CDX2-positive or CDX2-negative. 3. Authors should describe what kind of tumor scan was used. In addition, images of the tumor scan showing gastric stump recurrence as well as left ureteral stenosis by the tumor or lymph nodes should be presented. Whether there were any findings suggesting peritoneal dissemination should be also described. 4. In the section of History of present illness, authors should briefly describe the chemotherapy regimens against the primary gastric cancer. 5. In the section of Imaging examination, since hydronephrosis is not shown in Figure 1A but in Figure 3A, the text or the figures should be corrected. 6. In the section of Treatment or Outcome and follow-up, authors should describe how many courses of the palliative chemotherapy regimen were completed.

**Response:** Thank you for your important suggestion

1. CT images show left hydronephrosis and hydroureter of upper and middle portion, but with poor development of lower ureter. Instead, we provide images of left retrograde pyelography, which shows the origin of left lower ureteral stenosis in the section of imaging examinations. Though there is no obvious metastatic mass in pelvic cavity based on the CT images, we believe left lower ureter stenosis is caused by inflammation or immune response from primary gastric free cancer

cells implanting to pelvis cavity in the absence of obvious intraluminal ureteral lesion. This finding is compatible with the finding of diagnostic ureteroscopy and the images of tumor scan support this point of view.

2. Primary gastric adenocarcinoma in 2016 lacked data of immunohistochemical study. However, biopsy of stump recurrence on 2020/04/10 by panendoscopy showed adenocarcinoma with signet ring tumor cells, which is compatible with that in 2016 and metastasis of male genital organ.
3. Positron emission tomography with 2-deoxy-2-[fluorine-18]fluoro- D-glucose integrated with computed tomography ( $^{18}\text{F}$ -FDG PET/CT) from skull vertex to upper thighs was performed at 60 minutes after injection of  $^{18}\text{F}$ -FDG. We will add images of the tumor scan showing gastric stump recurrence, left ureteral stenosis and peritoneal dissemination in the section of Further diagnostic work-up.
4. Chemotherapy regimens against the primary gastric cancer was oral TS-1 20mg (gimeracil + Oteracil + tegafur) from February 2017 to June 2018 and we will revise it in the section of History of present illness.
5. We will correct the text or the figures along with point 1.
6. Palliative chemotherapy regimen were oral capecitabine 1000mg twice a day and oxaliplatin 100mg every two weeks from December 2019 to April 2020. After ten courses of oxaliplatin, this treatment was disrupted because the patient's clinical condition deteriorated. We will revise it in the section of outcome and follow-up.

For language quality, we have uploaded a language editing certificate issued by Formosa Medical Editors

***Science editor:***

1 Scientific quality: The manuscript describes a case report of the male Krukenberg tumor. The topic is within the scope of the WJCC. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: In this manuscript, authors reported a rare case of spermatic cord metastasis of poorly differentiated gastric adenocarcinoma with signet ring cell component that was identified by inguinal mass and ipsilateral hydronephrosis. The case seems to be educational. However, there are some issues that should be addressed. Hydronephrosis should be presented in more detail. Authors should provide CT images showing the origin of left ureteral stenosis and explain the potential causes of hydronephrosis based on the CT findings. In the section of Treatment or Outcome and follow-up, authors should describe how many courses of the palliative chemotherapy regimen were completed. The questions raised by the reviewers should be answered; and (3) Format: There are 3 figures. A total of 10 references are cited, including 1 reference published in the last 3 years. There are no

self-citations. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by Formosa Medical Editors on was provided. 3 Academic norms and rules: The authors provided the CARE Checklist–2016 and informed consent. The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJCC. The corresponding author has not published articles in the BPG. 5 Issues raised: I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

**Response:** Thank you for your important suggestion

1. According to your requirements, we have answered the questions raised by the reviewers
2. According to your requirements , we have upload the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement
3. According to your requirements, we have upload the original figure documents.

**Editorial office director:** I have checked the comments written by the science editor.

**Company editor-in-chief:** I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.