

Format for ANSWERING REVIEWERS



March 27, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9030-review.doc).

Title: Intra-abdominal inflammatory myofibroblastic tumor: Spontaneous regression

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9030

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) The title has been shortened and revised.
- (2) The core tip has been added.
- (3) The language has been polished by a native English speaker.
- (4) In case 1, we have added additional pictures (including plan CT scan image, enhanced CT scan image and intraoperative photograph) to better describe the size and location of the tumor. The tumor was about 15*8cm in size. The CT scan showed that the mass was multinodular and encased surrounding soft tissues. We have marked the maximum and minimum diameter in white lines.
- (5) We have collected the follow-up information about two patients. Both patients underwent CT scan every three months. We provided CT images obtained 3 months after discharging, which showed no indication of relapse.
- (6) We have described the pathology results in detail and provided the IHC staining results. We also performed IHC staining of ALK, and found that ALK was negatively expressed in both patients. However, the examination of aneuploidy was not available in my hospital.
- (7) In patient 2, we only removed the subpyloric lymph nodes for pathological examination.
- (8) We have added tumor size to be analyzed.
- (9) A total number of 38 patients were analyzed, including 36 reported cases as well as our two cases.
- (10) We have reviewed two pertinent papers provided by peer reviewers (Gleason BC & Hornick JL: Inflammatory myofibroblastic tumours: where are we now? *J. Clin. Pathol*; 2008; 61: 428-437; Vecchio MG et al. Post-traumatic inflammatory pseudotumor of the breast with atypical morphological features: A potential diagnostic pitfall. Report of a case and a critical review of the literature. *Pathol Res Pract*; 2011: 207: 322-26). We have discussed the diagnosis of IMT and IPL in the "Discussion" part. We still attribute IMT to the broad category of IPL and recommend that both IPL and IMT are essential to be subdivided into different types.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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