COMMENTS FOLLOWING REVIEW OF MANUSCRIPT NO. ESPS-29212

Manuscript Type: CASE REPORT

Title: "En bloc" caudate lobe and inferior vena cava resection following Cytoreductive Surgery and HIPEC for peritoneal and liver metastasis of colorectal cancer.

We thank the Editor for the opportunity to revise and resubmit, and hope that our manuscript is now suitable for publication in World journal of gastroenterology.

We have responded to each of the reviewers´ points as follows:

Reviewer #1
Reviewer's code: 03598924
Reviewer's country: Greece
Science editor: Yuan Qi
Date sent for review: 2016-08-02 20:44
Date reviewed: 2016-08-03 15:08

I want to congratulate the authors for the preparation of the manuscript. Complete resection of liver metastases in segment I with partial resection and grafting of the inferior vena cava after extensive CRS+HIPEC is a great challenge. This treatment strategy currently remains the only chance for long-term survival of these patients

We thank the reviewer for the positive comments about our manuscript.

Reviewer #2
Reviewer's code: 02569056
Reviewer's country: United States
Science editor: Yuan Qi
Date sent for review: 2016-08-02 20:44
Date reviewed: 2016-08-05 02:29

The authors present an interesting report of a combined caudate lobe/vena cava resection for recurrent colon cancer in a young woman after prior cytoreductive surgery and HIPEC. I have a few minor queries for the authors:

1. In the case description they refer to MRT follow-up, I suspect this should be MRI.

We have made the changes according to the reviewer's comments (page 3 and 5, bold)

2. The authors repeatedly state that there are no protocols for recurrent cancer after cytoreductive surgery and HIPEC. There have been several manuscripts discussing repeat HIPEC procedures, and suggesting protocols. This should be revised.

We agree with the reviewer. We referred that there are different protocols, but none of them standardize as these patients are only treated in reference centres. We have modified the first paragraph in the discussion and in the abstract (pages 3 and 6).

3. Tables 1 and 2 are redundant and should be combined

According to the reviewer's comment and in order to improve the structure of the tables, we have combined the two tables (table 1. highlighted in bold).

Reviewer #3
Reviewer's code: 03003312
Reviewer's country: Netherlands
Science editor: Yuan Qi
Date sent for review: 2016-08-02 20:44
Date reviewed: 2016-08-05 17:23

Dear authors, I would like to congratulate the authors for their successful treatment of a patient with recurrent disease after an extended cytoreductive surgery and HIPEC procedure. A 40+ months survival should be seen as quite an achievement. The case report is about a young patient with already poor prognostic factors such as T4 cancer at presentation, an emergency setting, a poorly differentiated tumor and a poor response to chemotherapy. I think it is important to publish such cases since evidence of even synchronous liver metastasis in PC patient is scarce. Moreover, interesting additional figures were added. However, I have some textual suggestions to improve the manuscript prior to publishing.

1. Throughout the manuscript the liver procedure is categorized as "repeat cytoreductive surgery" which would imply peritoneal metastases/peritoneal surfaces were treated. However, it concerns a metastasis in the liver, I'd suggest using metastasectomy or another alternative instead.

We agree about your suggestion, so we have performed changes in the abstract and the main text according to the term that the reviewer suggests (first paragraph of the abstract and last paragraph of the introduction, bold).

2. The survival numbers in the abstract section are different compared to the main text

We thank the reviewer for this accurate commentary. It has been immediately corrected in the text (Abstract, bold)

3. In the introduction it is stated that 80% of patients have recurrent disease, it should be mentioned that this is after HIPEC, a suggestion would be to add a more recent reference (any of the available reviews for example), the same goes for the first sentence in the discussion

We have pointed out in the introduction that the recurrences about 80% correspond to the patients who underwent CRS + HIPEC (page 4, bold). In fact, we have added a recent review, which reinforces these data (Mirnezami Ret al. Cytoreductive surgery and intraperitoneal chemotherapy for colorectal peritoneal metastases. World J Gastroenterol. 2014;20:14018–32)

4. Was it considered to give adjuvant chemotherapy after the HIPEC procedure using another regiment (Biologicals?)
5. Could you discuss briefly that this kind of patient might be a candidate for adjuvant HIPEC after the first procedure since so many prognostic factors were not in her favour.

I would answer these to commentaries together as they refer to the same topic.
As the author suggest, it was discussed in our multidisciplinary tumor board the possibility of giving adjuvant chemotherapy after the CRS and HIPEC procedure. The patient had already completed 12 cycles of adjuvant Chemotherapy (FOLFOX) after the first colon operation because she had bad prognosis factors: T4 and positive lymph nodes (as the reviewer points). However, adjuvant systemic chemotherapy is controversial in these patients if they had had received 6 months of systemic treatment following the resection of the primary colorectal carcinoma. Therefore, according to our protocols, adjuvant systemic chemotherapy is performed only in chemo naïve patients. However, biologicals would not be indicated as several studies had failed to prove any advantage in an adjuvant setting (it has been added in the text, page 5, bold)

Again, congratulations on your successful treatment

Reviewer #4
Reviewer's code: 02544677
Reviewer's country: Czech Repoublic
Science editor: Yuan Qi
Date sent for review: 2016-08-02 20:44
Date reviewed: 2016-08-19 18:52

Author's present case report of colorectal tumor in young woman treated with staged surgery. Firstly colon resection after chemotherapy peritoneal recurrence occurred. Id was treated with CRC + HIPEC without additional chemotherapy. Liver metastasis was found during follow up and liver resection was performed. The report is good example of patient tailored treatment in cases where guidelines are missing or suggest only palliative or best supportive care. I suggest accepting for publication I do not assess language because I am not native speaker.

We thank a lot the reviewer of the appreciations of our manuscript