

Dr. Aoife McCarthy,
Clinical (Gastrointestinal and Pancreas) and Molecular Fellow,
Department of Anatomical Pathology, Laboratory Medicine Program,
University Health Network, Toronto General Hospital,
200 Elizabeth Street, 11th Floor, Eaton Wing,
Toronto General Hospital,
Toronto, Ontario, M5G 2C4
Canada.

Tel: +1(416)-340-5319

Fax: +1(416)-340-5517

aoife.mccarthy@uhn.ca

16th August 2018

Editor, reviewers and other relevant staff member(s),
World Journal of Gastrointestinal Oncology

Regarding: Resubmission of a Review Article (entitled “Gut-associated lymphoid tissue (GALT) or so-called “Dome” carcinoma of the colon: Review”) for publication in World Journal of Gastrointestinal Oncology

To whom it may concern,

Many thanks to the editors and reviewers for considering our review article and for your comments.

Following on from the comments, the review article has been revised. On behalf of Professor Runjan Chetty and myself, please find uploaded a resubmission of the review article, entitled “Gut-associated lymphoid tissue (GALT) or so-called “Dome” carcinoma of the colon: Review”.

An itemized list addressing each comment is provided below, in addition to an list of all of the changes that have been made.

We hope that we have satisfactorily addressed all comments.

We believe that this review article would be extremely useful to pathologists at all stages of their career, as well clinicians, surgeons and oncologists.

Many thanks in anticipation for your consideration of this resubmission.

We look forward to hearing from you.

Yours sincerely,

Aoife

In response to the 1st reviewer:

- many thanks for your comments

"...lacks any biological mechanism component (immunohistochemical analysis ,intracellular signaling mechanisms) that would present a deeper understanding of the problem. Manuscript would be strengthened by expanding in this area."

- theories pertaining to the etiology of GALT, on a cellular level, have been presented in the 'Do GALT/Dome-type carcinomas actually exist?' and 'What is the etiology of GALT/Dome-type carcinomas?' subsections

1- Most of your literature reported and analyzed is focused on pathological rather than clinical information (e.g.clinical features and diagnosis, latest advances in treatment.) This would seem essential to give clinical insight.

- patient age and gender, presenting symptoms, and clinical associations of the cases published in the literature are summarized in Table 1

- a treatment section has been added

2- I find that the researches of the disease focus on etiology, macroscopic and pathological findings, the basis researches are less. Could you search and appraise some information in the fields of investigating the best immunohistochemical diagnosis combination markers of GALT or the regulation mechanism on cellular molecular level.

- ultimately, GALT is a diagnosis made on histological grounds, although the classical gross appearance of a dome is often present also. As such, much of

the focus of this review is on the diagnostic macroscopic and microscopic features. Immunohistochemistry is not useful in making the diagnosis, apart from occasionally assisting in excluding unlikely differential diagnoses (discussed, when relevant, in the 'Differential diagnoses of GALT/Dome-type carcinomas' section)

- the immunohistochemical stains that were used in the reports published in the literature have been mentioned in the 'Histological features and immunohistochemical and ancillary findings' subsection; however, none of the case reports used immunohistochemistry to make the diagnosis, and, as such, emphasis has not been placed on the use of immunohistochemistry in the current review

- theories pertaining to the etiology of GALT, on a cellular level, have been presented in the 'Do GALT/Dome-type carcinomas actually exist?' and 'What is the etiology of GALT/Dome-type carcinomas?' subsections

3- It would be better if related pathological characteristics of the literature can be added in Table 1.

- the authors intentionally chose to not include the pathological appearances in the table, as the features are so similar between all of the cases published in the literature, therefore including this in the table was not adding anything meaningful; they are discussed in detail in the 'Histological features and immunohistochemical and ancillary findings' subsection;

4- The provenance of figures are unclear. This needs to be added to results and figures. In addition, it proposed insertion and dyeing method of the picture should be label the magnification.

- in the 'Legend to Figures' section:

“(all hematoxylin and eosin (H&E) stains)” has been added after Figure 1.

There is a sentence describing each image.

Each image is individually referenced, by having the letter of the image in parenthesis after the sentence describing it.

5-The references are best to be published in recent 3-5 years.

The authors feel that if we limit ourselves to only using cases published in the past 3-5 years, we would have insufficient material to review and reference.

In response to the 2nd reviewer:

- many thanks for your comments

“... it would be better to add one section that introduces the currently representative therapy including surgery, radiotherapy, and chemotherapy following a section of prognosis.

- a treatment section has been added

If possible, the extent to which the survival rate depending on each therapy or its efficacy should also be investigated.

- a treatment section has been added; there was no variation in therapy; there were no recurrences or metastases for any patients (discussed in 'Prognosis' section)

The following is an itemized list of the changes made:

- in the 'manuscript type' section:

the type of manuscript is changed from 'systematic review' to 'review'

- in the 'institution' section:

the post code is added twice

- in response to the 'biostatistics' part:

this is not applicable

- in response to the 'conflict of interest:

this has been signed and uploaded

- in the 'abstract' section:

the 'background' subsection has been deleted, as instructed

- in the 'audio core tip' section:

this has been created and uploaded

- in the 'Gut-associated lymphoid tissue (GALT)' subsection of the 'Discussion' section:

the highlighted sentences have been re-written as suggested

- in the 'Background' subsection of 'GALT/Dome-type carcinoma' section:

the highlighted sentences have been re-written as suggested

- in the 'Original descriptions' subsection:

the highlighted sentence has been re-written as suggested

- in the 'Do GALT/Dome-type carcinomas actually exist?' subsection:

the highlighted sentence has been re-written as suggested

- in the 'What is the etiology of GALT/Dome-type carcinomas?' subsection

the highlighted sentences have been re-written as suggested

- in the 'Differential diagnoses of GALT/Dome-type carcinomas'

the highlighted sentences have been re-written as suggested

- after the 'Prognosis' section,

a 'Treatment' section and paragraph have been added

- in the 'article highlights' section added:

guidelines have been provided:

however, having read the guidelines, the authors are unsure about what is required here, as Research/a study was not performed by the authors or presented in this review article – a review of the literature was carried out. If completion of this section is indeed required, we would be very grateful for further guidance regarding what is required for a review article, and we will endeavor to provide something suitable.

- in the 'references' section:

PMIDs were already included, when available

DOIs had already been added in, when available

All authors have been listed

All parenthesis in the body of the manuscript have been changed to square brackets

- in the 'Legend to Figures' section:

“(all hematoxylin and eosin (H&E) stains)” has been added after Figure 1.

There is a sentence describing each image.

Each image is individually referenced, by having the letter of the image in parenthesis after the sentence describing it.

The title of ‘Table 1’ has been altered slightly