

Name of Journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 57633

Manuscript Type: CASE REPORT

Authors: Ayako Doi, Hiroyuki Takeda, Kumiko Umemoto, Ryosuke Oumi, Shinji Wada, Shingo Hamaguchi, Hidefumi Mimura, Hiroyuki Arai, Yoshiki Horie, Takuro Mizukami, Naoki Izawa, Takashi Ogura, Takako Eguchi Nakajima, Yu Sunakawa

August 20th, 2020

Dear Editor,

Please find enclosed the resubmitted revised manuscript for the case report titled;

Inferior mesenteric arteriovenous fistula during treatment with bevacizumab in colorectal cancer patient: A case report; Manuscript NO: 57633.

Thank you for your kind comments, which gave us the possibility to revise our manuscript. We modified the manuscript according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your journal.

We answered questions and comments accordingly in the manuscript and each sentence has been corrected in the revised manuscript.

We hope that the revised manuscript will fulfill the requirements for publication in the World Journal of Gastrointestinal Oncology.

Reply to editorial office's comments:

(1) The language classification is Grade C. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>;

Answer: Thank you for your recommendation, however we have already asked different company. We are going to visit there from this time.

(2) The authors did not provide original pictures. 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;

Answer: We prepare and arrange the figures using PowerPoint.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Answer: Thank you for your exact comment. We provide the PubMed numbers and DOI citation numbers to the reference list in the revised manuscript.

Reply to reviewer's comments:

1. According to the ICMJE rules, the description of "first case" is not recommended, since this statement is difficult to prove. Better to remove "the first" and replace it with "a".

We agree with the reviewer's comment. We have modified it.

2. Line 80: replace "whereas there is" with "although there was".

Thank you for your comment. We corrected the parts you pointed out.

3. Line 81: Not to mention being the first case.

We agree with the reviewer's comment. We removed "the first" and replaced it with "a".

4. Line 82: "This case complained of severe diarrhea caused of ischemic colitis due to IMAVF and other fistula may be lethal complications causing massive bleeding" is difficult to understand.

Change "case" to "patient". Divide the sentence into 2. Replace "of" by "by".

We corrected the parts you pointed out and divided the sentence into 2 as the following (on page 6).

"We report a case of IMAVF in metastatic colorectal cancer (mCRC) during bevacizumab treatment. This patient complained of severe diarrhea caused by ischemic colitis due to IMAVF. As fistula may be lethal complications, clinicians should pay attention to SAEs including IMAVF for mCRC patients during bevacizumab treatment."

5. Line 95: metastatic colorectal cancer (mCRC) should be spelled out in its first mention.

Thank you for your comment. We spelled it out in its first mention.

6. Line 97: describe which type of hypertension

We described type of hypertension as secondary hypertension.

7. Line 118: a comma is missing after “progressively”.

Thank you for your comment. I added a comma after “progressively”.

8. Line 169: the description of the embolization procedure is too short. The sizes and models of the micro springs used are not described, nor is the microcatheter utilized to access the AVM.

Thank you for an important comment. We added the description of the embolization as the following (on page 12).

“Abdominal angiography revealed that four small feeding arteries from the branch of the IMA were involved in AVF. Interventional radiologists judged that this case was candidate for transcatheter arterial embolization (TAE). TAE was performed by using detachable micro coils with 2mm in diameter through the microcatheter which was utilized to access the AVF. We did not use a liquid agent because there was a risk of rectal ischemia by accidental embolization of the superior rectal artery distal to AVF.”

9. In the case of an AVM, what is the reason for not using a liquid agent? Glue?

We did not use a liquid agent because there was a risk of rectal ischemia by accidental embolization of the superior rectal artery distal to AVF. Furthermore, liquid agents including glue have not been approved for treatment of this case in Japan.

10. Line 194. I suggest replacing “English articles” with “articles available in the English language”. The ideal would be to mention the databases consulted.

Thank you for your suggestion. We modified the sentence and mentioned the databases as the following (on page 13).

“Among them, only seven articles available in the English language reported IMAVF following colorectal surgery from the PubMed database.”

11. Line 249: "We report on the first case"

We agree with the reviewer's comment. We have modified it in the same manner as we have said.

12. Line 365. In Table 1, it is necessary to refer all authors of the 1st column according to the numbering of the References. It is essential to mention the year of publication. In general, the Case Report is well written, with some pending translations. Despite focusing on the diagnosis and evolution of the case, a little attention should be paid to the embolization technique and possible methods to reduce the chance of colon ischemia.

We thank a lot for the reviewer's comment. We added number of the reference and the year of publication in Table1. We modified the parts of the embolization technique and added sentences about it as the following (on page 15)

"In this case, an alternative possible treatment for ischemic colitis is resection of sigmoid colon and part of the rectum that are supplied by the IMA."

We greatly appreciate your kind review of our manuscript.

Sincerely yours,

Yu Sunakawa, M.D., Ph.D.

Department of Clinical Oncology

St. Marianna University School of Medicine

2-16-1, Sugao, Miyamae-ku

Kawasaki, Kanagawa

216-8511

Japan

Tel: +81-44-977-8111

Fax: +81-44-975-3755

Email Address: y.sunakawa@marianna-u.ac.jp