

Format for ANSWERING REVIEWERS

June 14, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 18356-Review.doc).

Title: Carcinoma of unknown primary and paraneoplastic dermatomyositis

Author: Amir Sonnenblick

Name of Journal: *World Journal of Clinical Oncology*

ESPS Manuscript NO: 18356

Thank you for considering a revised version of our manuscript MS: 18356 "Carcinoma of unknown primary and paraneoplastic dermatomyositis" by Amir Sonnenblick.

We thank you and the reviewers for the comments that we believe have considerably improved the quality of our manuscript. Kindly find below a point by point reply (annotated in blue and highlighted in the manuscript) to the comments made by the reviewers and editors. We hope that the revised manuscript will be found suitable for publication in World Journal of Clinical Oncology.

1 Format has been updated

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

Reviewer 1:

Although this is a good and interesting case and paper, I suggest that, if haven't already done so, please read the review on CUP in NEJM, 2014, 371:757-65 in order to more fully discuss CUP

Answer: We added paragraph in the discussion describing the major topics discussed in this review and cited it (highlighted page 6)

Reviewer 2:

Sonnenblick has written about an interesting and unusual case study regarding a 50-year old female who presented with dermatomyositis, enlarged lymph nodes, muscle weakness, and erythematous plaques. Conventional basic work-up, including CT scan, did not reveal the diagnosis, which was subsequently determined to be ovarian cancer by PET-CT and re-staining of lymph node biopsy for appropriate markers. The patient was treated with carboplatin, paclitaxel, and bevacizumab with resolution of the cancer and improvement of the dermatomyositis. The authors point out that several studies associate dermatomyositis with cancers of the ovary, lung, gastric, colorectal, and pancreas and

suggest that determination of the primary site when unknown is best accomplished using immunohistochemistry (IHC) in addition to PET-CT, as IHC alone can be misinterpreted.

The paper is well written for the most part, however there are a few typographical mistakes and some places for improvement.

1. Page 3, 5th line from bottom of page "CA12-5" should read "CA125"

Answer: This error was corrected

2. Page 3, 2nd line from bottom of page "CK20- eak should read "CK20- weak"

Answer: This error was corrected

3. Page 5, First line from top "staining" should be capitalized

Answer: This error was corrected

4. I would suggest calling the "Literature Review" section "Literature Review/Discussion" (it covers both)

Answer: The section will be titled in accordance with the journal policy.

5. Page 6, Figure legend, line 10 "cervival" should be changed to "cervical"

Answer: This error was corrected

6. Give a brief statement in the discussion that deals with the safety of PET-CT

Answer: a brief statement in the discussion that deals with the safety of PET-CT was added (highlighted page 8)

Reviewer 3:

Although this is a very interesting case of possible combination of CUP and DM, suggesting the insight of future treatment planning, there are several things to be clarified.

1) Please show photo of the skin manifestation.

Answer: unfortunately such photo is not available.

2) Although this case showed weakness of the proximal muscle and the elevation of CPK, more evidence of myositis is necessary for diagnosis, like electromyogram and muscle biopsy. 2. Please show evidence of myositis is necessary for diagnosis, like electromyogram

Answer: The diagnosis of dermatomyositis was clinical and reassured by neuro oncologists and rheumatologists. Muscle biopsy was not performed.

3. Please describe the more detailed regimen of chemotherapy. For example, how many courses of chemotherapy were performed to obtain the disease deterioration?

Answer: We describe in details the chemotherapy regimens and doses that were provided. (highlighted page 5)

5. The author used both prednisone and chemotherapy for ovarian cancer at the same time. Thus, it is unclear which was effective for DM.

Answer: We totally agree with this comment and added statement in the manuscript regarding this issue (highlighted page 5).

3 References and typesetting were corrected

Should you have further questions or comments, please do not hesitate to contact us

Sincerely yours,

Dr Amir Sonnenblick

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