

Dear Editor:

Thank you for your kind letter of “World Journal of Gastrointestinal Surgery Manuscript NO: 77276 – Notification on manuscript revision” on June 19, 2022. The comments are all valuable and very helpful for improving upon our paper. We revised the manuscript in accordance with the reviewers’ comments, and carefully proof-read the manuscript. Here below is our description on revision according to the reviewers’ comments.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

TO authors: 1. No reference(s) for the whole INTRODUCTION section?

TO reviewer: 1. Thank you for your kind reminder, and by using the tool suggested by the Company Editor-in-Chief: Reference Citation Analysis (RCA), we added the appropriate citation in INTRODUCTION section.

TO authors: 2. (Some patients have complications such as lower abdominal pain and perianal lesions, and many patients have no clinical symptoms. Due to the risk of complications, such as recurrent perianal suppuration). – Suggest to rephrase, “Patients may present with lower abdominal pain and...” (since it pertains to signs and symptoms; the complications follow after that)

TO reviewer: 2. We find your suggestion very valuable and have modified it according to the logic you suggested.

TO authors: 3. Under Imaging examinations, what is RI (Spell out on first occurrence)

TO reviewer: 3. Thank you for your reminder. RI(Resistance Index) is a term in B-scan ultrasonography examination, indicating the magnitude of blood flow resistance. We have described it in the text when it first appears. Besides, when the value of RI is 0.55, it indicates that the mass has relatively abundant blood supply.

TO authors: 4. Choose which one format to use: 10*9 or 10x9 cm, and whether to use cm or mm; and use the same format all throughout the manuscript

TO reviewer: 4. We unified the standard and used the 10*9 cm format.

TO authors: 5. Under treatment, please confirm “laparoscopic laparotomy”; conflicting terms

TO reviewer: 5. Thank you for your reminder. we have corrected it to “laparoscopic surgery” in the manuscript.

TO authors: 6. Who performed the procedure? Specialty, experience

TO reviewer: 6. Yixiong Zheng is the chief physician of general surgery and has more than 20 years of experience in digestive tract surgery. Xiaofeng Zhao is the chief physician of gynecology with more than 30 years of gynecological surgery experience and is good at laparoscopic surgery. The operation was performed jointly by the above two doctors.

TO authors: 7. Include in discussion, application of minimally invasive surgery as an approach to treat TGCs.

TO reviewer: 7. Thank you very much for your reminder. We describe minimally invasive surgery as a way and discuss its advantages and disadvantages in the DISCUSSION section.

TO authors: 8. Discuss previous literature about outcomes following XELOX therapy, recurrence rate/ relapse, OS; Discuss risk factors for malignant transformation

TO reviewer: 8. Thank you for your advice. In Table 1 of the manuscript, we summarized whether previously reported cases had used chemotherapy, while it turned out that only 5 cases had clear chemotherapy regimens, so the recurrence rate/relapse, OS may not be statistically significant. As a rare congenital disease, the carcinogenesis of TGCs is even smaller, and the cause of carcinogenesis needs further genetic sequencing. We cautiously speculate that it may be the result of colorectal cancer-related gene mutations.

TO authors: 9. What is the ideal resection margin for TGCs suspected or preoperatively diagnosed with malignant component?

TO reviewer: 9. We believe that ensuring the integrity of the capsule wall is the primary prerequisite. The ideal resection range should be determined based on germ layer origin and anatomical relationship. If there is invasion of the surrounding tissue or sacrum, we should make sure not only the resection of the tumor along with the mesangium, but also the enbloc excision of the invading organs.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: This case report described a rare case of the tailgut cyst accompanying retrorectal mucinous adenocarcinoma. The content

of the article is exciting and contributes to accumulating another case. However, there are some concerns about this article.

TO authors: 1. In Abstract, "Many doctors ~ " is not scientific expression, so that they could say just rare case enough.

TO reviewer: 1. Thank you very much for your patient correction. We have modified the inappropriate expression according to your request in the manuscript.

TO authors: 2. The authors state that the patient was not appropriately treated due to the COVID-19 epidemic. Did she infect SARS-Cov2?

TO reviewer: 2. She delayed hospitalization for two months due to the influence of epidemic prevention policy, knowing that he had not been infected with SARS-Cov2 until now.

TO authors: 3. In imaging examination, did they perform the enhanced MRI? Did they plan a PET examination to explore further metastasis?

TO reviewer: 3. Enhanced MRI and PET may be a good examination method for the diagnosis of malignant transformation and metastasis of tailgut cysts, which is worth exploring in the future.

TO authors: 4. XEROX is a brand name. Please use proper expression throughout the article.

TO reviewer: 4 Thank you for your reminder. We have expressed it as CapeOX (capecitabine and oxaliplatin).

TO authors: 5. In Both discussion and conclusion, the authors denied a preoperative biopsy. However, in a certain situation, it may be useful to diagnose for neoadjuvant treatment. These expressions are not suitable for this case report. The surgical approach mainly depends on the location of the tumor.

TO reviewer: 5. Thank you for your advice. For patients who are unable or difficult to surgically remove the tumor, it is indeed a good method to determine the nature of the tumor through the pathological results of the biopsy and then perform surgical treatment after neoadjuvant chemotherapy. We added the corresponding discussion to the article.

TO authors: 6. The case presentation is too concise.

TO reviewer: 6. We have improved the case information, especially where you and other editors suggest additions and doubts. For example, whether to

be infected with SARS-Cov2, whether to check for a PET examination, and so on.

TO authors: 7. The number of references are small and not-up dated.

TO reviewer: 7. Thank you for your kind reminder, and by using the tool suggested by the Company Editor-in-Chief: Reference Citation Analysis (RCA), we added the up dated citation in manuscript.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This manuscript is a case report of a patient with Retrorectal mucinous adenocarcinoma arising from a tailgut cyst which was surgically resected. This case will likely be of interest to clinicians in the field as it is a rare condition. Furthermore, a literature review should be useful for clinicians to diagnose and treat it. However, I have major and minor issues with this manuscript as described below.

TO authors: Major 1. The discussion section seems redundant. I recommend the authors should focus on the diagnosis and treatment of adenocarcinoma in TGCs based on the literatures.

TO reviewer: Major 1. We accept your suggestion that the diagnosis and treatment of TGCs is undoubtedly the focus, and we have added new examinations and discussions around this aspect. We believe that a systematic literature summary is also necessary for readers to understand comprehensive TGCs information.

TO authors: 2. Readers is likely to be interested in whether preoperative diagnosis of adenocarcinoma in TGCs is possible. Please provide detailed CT/MRI findings in each case, and discuss these findings.

TO reviewer: 2. We agree with your opinion very much, in the summary of the literature, we also sorted out the information in this area, such as calcification, polycystic or monocystic, and so on. However, many articles are not comprehensive, and the results of our analysis are not instructive.

TO authors: Minor 1. (Core tip) Please explain MDT and TGCs.

TO reviewer: Minor 1. Thank you for your reminder. (Tailgut cysts, TGCs) (Multi-Disciplinary Treatment, MDT).

TO authors: 2. Chief complaints should be more summarized.

TO reviewer: 2 We removed the redundant elements from the lead complaint as you suggested

TO authors: 3. Please provide findings of enhanced CT scan in the main text.

TO reviewer: 3 We have added descriptions of enhanced CT in the main test.

TO authors: 4. The authors should describe TREATMENT section, followed by FINAL DIAGNOSIS.

TO reviewer: 4 We agree with you on this point. Whereas, this section is not contained in the template format provided on the official website of the magazine. We chose to make no changes and waited for the chief-editor's advice.

TO authors: 5. Please provide mapping of adenocarcinoma, using the cross-section image of resected specimen.

TO reviewer: 5 It's regretful to tell that there was no picture of the resected specimen, owing to the cyst is huge and the parenchyma is little.

TO authors: 6. The reason that the patients had received XELOX should be described in the OUTCOME AND FOLLOW-UP section.

TO reviewer: 6. We believe that the case description should be as objective as possible, and some subjective ideas and strategic explanations have been put into the DISCUSSION section. We have described the point you mentioned in the discussion: considering that a small amount of leakage of TGC fluid during the operation might occur and that the postoperative pathology showed mucinous adenocarcinoma with high CEA, we chose to use CapeOX treatment to prevent recurrence.

TO authors: 7. There were some cases who was received chemotherapy and/or radiotherapy in spite of complete resection. Please explain why these additional treatments were required.

TO reviewer: 6. The adjuvant treatment of the disease has not been unified, and most cases are treated according to the treatment principles of rectal adenocarcinoma. It is expected that more follow-up data can provide more accurate treatment guidance.

Reviewer #4:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Intrstesting case managed well i accept

TO reviewer: Thank you for your approval.

Reviewer #5:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: Can you explain the abbreviation RI of 0,55 in page 4 line 31? Just a technical point: By what way, have you extracted the specimen? By a Pfannestiel way or another mini-laparotomy. Please precised it. Have you used an endobag in the extraction? If yes, than mention it.

TO reviewer: 5. Thank you for your meticulous and passionate advice. RI (Resistance Index) is a term in B-scan ultrasonography examination, indicating the magnitude of blood flow resistance and 0.55 indicating that the mass has relatively abundant blood supply. We operated the laparoscopic surgery as showed in Picture 3, and an endobag is used in the extraction. We have added the relevant description to the article. Thank you again for your guidance.

Best regards,

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