

## COMMENTS TO AUTHORS:

**Dear Reviewer #1:**

### Specific Comments to Authors:

Gastric Cancer with Enteroblastic Differentiation (GCED) is a rare subtype of gastric adenocarcinoma characterized by its unique histopathological features and aggressive clinical behavior. This subtype often mimics yolk sac tumors due to its enteroblastic differentiation and the frequent elevation of alpha-fetoprotein (AFP) levels. These tumors often metastasize early, with the liver being a common site of secondary involvement. Radiology plays a pivotal role in the diagnosis, staging, and management of GCED with liver metastases. GCED is histologically distinct due to its enteroblastic differentiation, characterized by clear cytoplasm, papillary structures, and positivity for AFP and glypican-3 on immunohistochemistry. Elevated serum AFP levels are frequently noted, serving as a biomarker for diagnosis and disease monitoring. The tumor exhibits an aggressive clinical course, with a high propensity for vascular invasion, rapid spread, and distant metastases, most commonly to the liver and peritoneum. The liver is the most frequent site of metastasis in GCED. Hepatic metastases from GCED are often associated with poor prognosis due to extensive liver involvement and resistance to conventional chemotherapy. Liver metastases typically manifest as hypervascular lesions on imaging, reflecting their aggressive nature. Radiological imaging is critical for detecting liver metastases, staging the disease, and guiding treatment strategies.

1. Computed Tomography (CT) Scan • Primary Gastric Lesion: GCED may appear as a poorly defined mass in

the stomach, often in the antrum, with heterogeneous enhancement due to necrosis. • Liver Metastases: Hypervascular hepatic lesions with peripheral rim enhancement are common in the arterial phase. Central necrosis may develop in larger metastases, resulting in a “target appearance” during the portal venous phase. • Lymphadenopathy: Enlarged regional lymph nodes are frequently observed, indicating disease spread. 2. Magnetic Resonance Imaging (MRI) • T1-Weighted Imaging: Liver metastases often appear hypointense. • T2-Weighted Imaging: Hyperintense signal suggests the presence of edema and necrosis. • Dynamic Contrast-Enhanced Imaging: Hypervascular metastases show arterial-phase enhancement, with washout in the venous or delayed phases. 3. Positron Emission Tomography (PET-CT) • PET-CT can identify hypermetabolic lesions, confirming the metastatic spread. It is particularly useful for detecting extrahepatic disease and evaluating treatment response. GCED with liver metastases has a grim prognosis due to its rapid progression and limited therapeutic options. The median survival for patients with liver metastases is significantly reduced, emphasizing the need for early detection and aggressive management. GCED with enteroblastic differentiation is a highly aggressive gastric cancer subtype, often presenting with liver metastases and elevated AFP levels. Radiological imaging is indispensable in its diagnosis and management. Despite advancements in imaging techniques and therapeutic strategies, the prognosis remains poor, necessitating further research into targeted therapies and early detection methods.

**Reply:**

Thank you very much for the review of our manuscript. As you mentioned,

radiological imaging plays a pivotal role in detecting liver metastasis from GAED which is significantly associated with poor prognosis. We strongly believe that the imaging features described in this report contribute to the early and accurate diagnosis of liver metastasis from GAED.

**Editorial Office's comments.**

**Dear Science Editor:**

**Specific Comments to Authors:**

(1) **Country/Territory of origin:** Japan.

(2) The language classification is Grade B. Please provide the latest language certificate after Return the Manuscript to Author for Revision. Please visit the following website for the professional English language editing companies that we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

**Reply 1 and 2:**

We have selected Japan as the Country/Territory of origin. Additionally, we have uploaded the latest language certificate from Enago, which is one of the companies you recommended.

(3) **Manuscript Title:**

The title of the case report must end with "A case report".

**Reply 3:**

Thank you for your comment.

We have revised the title, changing it from "A rare case report" to "A case report".

(4) **Authors and institution(s):** Author names should be typed in bold, followed by a comma and the complete name of the affiliated institution, city, province/state, postcode and country typed in non-bold. Examples for authors name and institutions are:

**Yi-Fan Chang, Tao Liu, Chong-Qing Wei, Wei-Long Chang**, Department of Gastrointestinal Surgery, The First Affiliated Hospital of Zhengzhou University, Zhengzhou 450052, Henan Province, China

**Reply 4:**

We have updated the “Authors and institutions” based on your comment.

(5) **Please add the “Author contributions”**: The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The author’s names will be listed in the following format: full family (sur)name, followed by abbreviated first and middle names. For example, a full multi-author example is: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research.

**Reply 5:**

We have added the “Author contribution” in response to your comment.

(6) **Core Tip**. Abbreviations must be defined upon first appearance in the Core Tip. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

**Reply 6:**

We have defined the abbreviation at its first appearance in the Core Tip.

(7) **Audio Core Tip**. In order to attract readers to read the full-text article, we request that the first author make an audio file describing the final core tip. This audio file will be published online, along with the article. **The author can invite English language editing company to assist in resolving the language issues of Audio Core Tip.**

**Reply 7:**

We have uploaded the “Audio Core Tip” in response to your comment.

**(8) There are issues with the references:**

Please provide the PMID numbers (<https://pubmed.ncbi.nlm.nih.gov/>) and DOI citation numbers (<https://doi.crossref.org/simpleTextQuery>) to the reference list and list all authors of the references. If a reference has no PMID and DOI, please provide the source website address of this reference.

To ensure the accuracy of the references, please use "**Edit References by Auto-Analyser**"

(<https://www.f6publishing.com/Forms/main/ArticleReferenceTool.aspx>) to edit the references of the manuscript.

**Reply 8:**

We have added the PMID and DOI to each reference in response to your comment.

**(9) Figures.** Uniform presentation should be used for figures showing the same or similar contents; for example, "**Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...**".

Abbreviations must be defined upon first appearance in the **Figure Legends**. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

**Original figure documents.** *In the meantime, authors should 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, and upload it to the file destination of "Image File" in the F6Publishing system.*

**Reply 9:**

We have revised the Figure legends based on your comment. Additionally, we have uploaded the original figure files to the F6Publishing system.

**Dear Company Editor-in-Chief:**

**Specific Comments to Authors:**

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the *World Journal of Radiology*, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Reply:**

We would like to sincerely thank you for your time and effort in reviewing our manuscript.