

Aug 24. 2016

Dear Editors.

Thank you for your consideration in publishing our case report. Please find enclosed the edited and revised manuscript in Word format (file name: WJGO27486\_edited revised.doc).

Title : A case of pseudo-Meigs' syndrome caused by gastric cancer-related metastatic ovarian tumor with prolonged survival.

Author : Masaru Okamoto, Kazunori Maeda, Atsushi Yanagitani, Kiwamu Tanaka

Name of journal : World Journal of Gastrointestinal Oncology.

ESPS Manuscript NO : 27486

- 1) The manuscript has been re-submitted in a .doc format.
- 2) An Institutional Review Board statement, Informed consent statement, and Conflict-of-Interest statement have been added.
- 3) A "Comments" section has been added.
- 4) Revision has been made according to the suggestions of the reviewers.

#### Comments

- (1) It would be interesting to know what kind of treatment has been proposed to these patients and results in terms of efficacy (diseases recurrence and survival).
- (2) The term of "adjuvant chemotherapy" is maybe not appropriate. Indeed, patient received chemotherapy after oophorectomy and before gastrectomy. Authors should specify more precisely the sequence of treatment and the regimen of chemotherapy used to treat patient.
- (3) As specify by authors, surgical series have reported that oophorectomy for ovarian metastasis from gastric cancer may improve survival, but authors should add "even with the use of modern regimen of chemotherapy, including platinum-based therapy" as suggested by the study recently published by Brieau et al (Dig Liver Dis 2016;48:441-5).

#### Answer

We have changed the manuscript according to the reviewer's suggestion.

Firstly, we described the sequence of treatment and the regimen of chemotherapy as follows :

Following the oophorectomy, she received chemotherapy with docetaxel and S-1, with one course comprising docetaxel 40mg/m<sup>2</sup> as an intravenous infusion on day1 and oral S-1 80mg/m<sup>2</sup> on days 1-14 of a 21-day cycle. After 10 cycles of chemotherapy, approximately 9 months after her first hospital visit, since no further metastases were detected, she underwent distal gastrectomy.

Secondary, we added comment about the use of modern regimen of chemotherapy as follows :

Furthermore, Brieau et al. reported that oophorectomy along with current chemotherapy regimens, such as taxane- or platinum-based therapy, improved survival even if the patients had extra-ovarian metastatic sites [14]. In the present case, we selected a docetaxel and S-1 combination regimen with the expectation of efficacy for non-measurable lesions other than in the ovaries [15,16].

From the above, we revised the last part of the sentence in discussion as follows :

The increased survival of the patient reported herein may be owing to her oophorectomy in conjunction with chemotherapy. Accordingly, this case emphasizes the need to be aware of pseudo-Meigs' syndrome, and supports the recommendation of oophorectomy in cases where metastases are limited to the ovaries.

Comment

(4) Please, specify in the manuscript the normal value of CA 19-9 and CA 125.

Answer

We added the normal value of CA19-9 and CA125 as follows :

Her serum levels of carbohydrate antigen 19-9 and carbohydrate antigen 125 (CA 125) were elevated at 170.4 U/mL (normal, <35 U/mL) and 897 U/mL (normal, <37 U/mL), respectively.

Comment

(5) For TNM staging, please specify the terms of ? sH0 ? and ? pP0 ?, which is not common in western countries.

Answer

We altered the classification to TNM classification as follows :

The final pathological diagnosis was Stage IV (pT3, pN1, cM1[Ovary]) according to the TNM classification of gastric carcinoma (UICC fifth edition).

5) We have added the reference about median survival time in discussion as follows:

The prognosis of gastric cancer with distant metastasis is poor, with a median survival time of 8.6-13.8 months when treated by chemotherapy alone or in combination with molecular targeted therapy [12].

12) Jou E, Rajdev L. Current and emerging therapies in unresectable and recurrent gastric cancer. World J Gastroenterol. 2016;28:4812-4823 [PMID: 27239108 DOI: 10.3748/wjg.v22.i20.4812]

6) We have revised some points about expression according to the language editing.

We hope that the revised manuscript will be suitable for publication.

Yours sincerely.

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