

RESPONSES TO REVIEWERS

July 25, 2015

Dear Editor,

Enclosed please find the edited manuscript in Word format (file name: 19568-review.doc).

Title: Lymphoepithelioma-like gastric carcinoma: A case report and review of the literature

Author: Zhao-Hui Wang, Jun-Jun Zhao, Zhao Yuan

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 19568

The manuscript has been improved according to the suggestions of the reviewers as follows:

1. Reviewer **00058872**

Adding to literature is a very good job.

→We have added to literature.

2. Reviewer **03259215**

This is a case of lymphoepithelial like gastric CA submitted as short communication. The case is interesting case. The submission lacks endoscopic and histo-pathological images. It will be desirable to have the readers view the images of the ulcerated lesion, H & E histology and the staining patterns. If an endoscopic ultrasound was performed, the images will be desired as well. The case itself should be shortened and only important information should be included. The Hb levels used in g/dl appear to be incorrect. Please specify the treatment patient received mentioned as standard treatment and active antibiotics. There is a mention that tumors occurred in young patients but meta-analysis did not confirm this. Please mention the reference and if there is any significance of this finding. It is mentioned that tumor has distinct clinic-pathological features but not familiar to radiologist. I do not believe these tumors can be sub-typed by radiological appearance and often radiological findings on imaging and non specific like thickening of the gastric wall. It is not uncommon to have no CT findings in early gastric tumors. Please elaborate how these tumors are missed on EMR and resected lesions. Please mention the reference for 5 year survival of your case. Do you have update on patient, how is she doing upon surveillance and if she received any anti neoplastic therapy post operatively. Thank you.

(1) The submission lacks endoscopic and histo-pathological images. It will be desirable to have the readers view the images of the ulcerated lesion, H & E histology and the staining patterns:

→ Zhao Jun-Jun provided the histopathologic and immunohistochemistry pathological images (figure 3-8).

(2) If an endoscopic ultrasound was performed, the images will be desired as well:

→We are sorry for that our patient did make an endoscopic ultrasound.

(3) The case itself should be shortened and only important information should be included:

→Our manuscript had been shortened.

(4). The Hb levels used in g/dl appear to be incorrect:

→Our manuscript was corrected --Laboratory results revealed a decreased hemoglobin (66 g/L).

(5) Please specify the treatment patient received mentioned as standard treatment and active antibiotics:

→Our manuscript was corrected ---After standard treatment, which included blood transfusion, acid suppression and protection of the gastric mucosa. And active antibiotics (cefotaxime sodium),

(6) There is a mention that tumors occurred in young patients but meta-analysis did not confirm this. Please mention the reference and if there is any significance of this finding:

→Add the reference: [20] J.H. Lee, S.H. Kim, S.H. Han, J.S. An, E.S. Lee, Y.S. Kim, Clinicopathological and molecular characteristics of Epstein-Barr virus-associated gastric carcinoma: a meta-analysis, *J. Gastroenterol. Hepatol.* 24 (2009) 354–365. [PMID:19335785 DOI: 10.1111/j.1440-1746.2009.05775.x.][21]G. Murphy, R. Pfeiffer, M.C. Camargo, C.S. Rabkin, Meta-analysis shows that prevalence of Epstein-Barr virus-positive gastric cancer differs based on sex and anatomic location, *Gastroenterology* 2009 Sep;137(3):824-33 .[ PMID:19445939 DOI: 10.1053/j.gastro.2009.05.001]

(7) I do not believe these tumors can be sub-typed by radiological appearance and often radiological findings on imaging and non specific like thickening of the gastric wall:

→We have corrected that most radiologists are not familiar with these tumors.

(8) Please elaborate how these tumors are missed on EMR and resected lesions:

→ We have corrected that Endoscopic mucosal resection (EMR) is recommended for diagnosis and potential curative resection of gastric submucosal lesions.

(9)Please mention the reference for 5 year survival of your case:

→a 5-year survival of 59% [28] [29], reaching 62% in the pure type [30].

(10) Do you have update on patient, how is she doing upon surveillance and if she received any anti neoplastic therapy post operatively:

→ Finally, the patient did not receive any adjuvant chemotherapy or radiotherapy

postoperatively, and she remains well without evidence of the disease so far.

**3.Reviewed by 00055273**

Wang et al. present a case report on a gastric lymphoepithelioma. In my opinion, the disease is not rare enough to deserve a case report. The manuscript is carelessly presented with inadequate formatting and poor language. The case description is full of information not important to understand the case. Does the authors believe the patient have the tumor for 10 years, e.g.? Some important data is missing such as the type of lymphadenectomy performed. The discussion does not help the reader how to deal with a similar case. Is a lymphadenectomy necessary? Margins can be reduced? etc.

(1) The manuscript is carelessly presented with inadequate formatting and poor language:

→Our manuscript was corrected again by a native English speaker.

(2) Does the authors believe the patient have the tumor for 10 years:

→We just to say that our patient has recurrent and worsening abdominal pain for 10 years and melena for 2 months.

(3) Is a lymphadenectomy necessary? Margins can be reduced? etc.

→In fact, a lower rate of lymph node involvement has been found in LELC, especially during its early stage within the submucosa. Accordingly, a lymphadenectomy did not seem so necessary in our case. Margins can be reduced.

**Reviewed by 02823565**

The authors performed a good literature review. This condition is not that rare but deserves to be reminded

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