Author's response to reviews

Title: Synchronous carcinoid and gastrointestinal stromal tumour of the stomach: a case report.

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Version: 2 Date: 11 January 2011

Author's response to reviews: see over
Athens, January 11, 2011

To: The Editor, *BMC Gastroenterology*

Re: Revised manuscript submission

Dear Dr. Shipley,

We have the pleasure to submit our revised manuscript entitled: ‘*Synchronous well differentiated neuroendocrine tumour and gastrointestinal stromal tumour of the stomach: a case report.*’ to your distinguished journal for publication.

In the present work we report the simultaneous occurrence of a well differentiated neuroendocrine tumour (carcinoid) with benign clinical behavior and a high risk GIST, in the stomach of a 62-year-old man previously operated for a gastric well differentiated neuroendocrine tumour with uncertain malignant behaviour. This synchronous neoplastic growth seems to be extremely rare, given that only a handful of cases have been reported so far. Moreover, our case appears distinctive as it is characterized by unique clinical and histopathological findings.

In the revised version of our manuscript we have performed all the necessary changes according to editorial requests and referees instructions.

Specifically:

**RESPONSE TO THE EDITORIAL REQUESTS**

1. We have structured our abstract according to journal’s guidelines (see: ‘MANUSCRIPT'/ABSTRACT section).

2. We have prepared the manuscript sections in line with your instructions (see: ‘MANUSCRIPT’).
RESPONSE TO THE REVIEWERS COMMENTS

REVIEWER: Marek Wronski

Major compulsory revisions

1. We have structured our conclusions based on the clinical and histopathological characteristics of our case, in the context of general therapeutic manipulations which are appropriate for similar cases (see: ‘MANUSCRIPT/CONCLUSIONS’; page 11/lines: 24-25 and page 12/lines: 1-5).

Minor essential revisions

1. We use the recommended terminology (well differentiated neuroendocrine tumour instead of carcinoid) throughout the manuscript (see: ‘MANUSCRIPT’; characters in bold).

2. We reclassified the first carcinoid tumour as a well differentiated neuroendocrine tumour with uncertain malignant behaviour based on newly added bibliography (see: ‘MANUSCRIPT/CASE PRESENTATION’; page 6/lines: 4-5). We further analyze the histopathological features of similar tumours (see: ‘MANUSCRIPT/CONCLUSIONS’; page 10/lines: 5-9).

3. We specify that: ‘tumour size and mitotic activity are the most significant parameters regarding prediction of clinical behavior’ (see: ‘MANUSCRIPT/BACKGROUND’; page 4/lines: 19-20).

4. We have included in the main text the information regarding the co-occurrence rate of neuroendocrine tumours with other neoplasms (see: ‘MANUSCRIPT/BACKGROUND’; page 5/lines: 1-3). Furthermore, we analyze the various proposals concerning pathogenetic mechanisms which could be responsible for tumours co-existence as in our case (see: ‘MANUSCRIPT/CONCLUSIONS’; page 9/lines: 1-15).

5. Concerning gastrectomy types, the first surgical intervention was a proximal subtotal gastrectomy (with subsequent reconstruction of the GI tract), while in the second operation the patient underwent excision of the remaining part of the stomach; this corresponded to a subtotal gastrectomy (with subsequent reconstruction of the GI tract) (see: ‘MANUSCRIPT/CASE PRESENTATION’; page 5/lines: 19-20 and page 6/lines: 15-19).

6. We have reduced the number of images according to the recommendations (see: ‘MANUSCRIPT/CASE PRESENTATION’; characters in bold, ‘MANUSCRIPT/FIGURE LEGENDS’; page 19/lines: 1-19 and ‘FIGURES’).
REVIEWER: Abbas Agaimy

Minor essential revisions

1. We have reassessed the cases in which co-occurrence of a well differentiated neuroendocrine tumour and a GIST has been reported. Thus, we have performed changes throughout the text (see: ‘MANUSCRIPT’; characters in bold and ‘MANUSCRIPT/CONCLUSIONS’; page 8/ lines: 1-12, lines: 22-24). Therefore the total bibliography of our manuscript includes 30 references.

2. The specified sentence has been omitted from the abstract (see: ‘ABSTRACT’).

3. We have changed this sentence as follows: ‘GISTs show a predilection for the stomach, where they constitute the majority of mesenchymal tumours’ (see: ‘MANUSCRIPT/BACKGROUND’; page 4/lines: 16-17).

4. We specify that: ‘tumour size and mitotic activity are the most significant parameters regarding prediction of clinical behaviour’ (see: ‘MANUSCRIPT/BACKGROUND’; page 4/ lines: 19-20).

5. We have deleted this sentence from the conclusion section given that its meaning is integrated in the background section (see: ‘MANUSCRIPT/BACKGROUND’; page 5/lines: 11-12).

6. In line with your instructions we have omitted this sentence.

7. We corrected this error (see: ‘MANUSCRIPT/CONCLUSION’; page 10/line 23).

REVIEWER: Nikolaos Salemis

Minor essential revisions

1. Concerning gastrectomy types, the first surgical intervention was a proximal subtotal gastrectomy (with subsequent reconstruction of the GI tract), while in the second operation the patient underwent excision of the remaining part of the stomach; this corresponded to a subtotal gastrectomy (with subsequent reconstruction of the GI tract) (see: ‘MANUSCRIPT/CASE PRESENTATION’; page 5/lines: 19-20 and page 6/lines: 15-19).

2. The patient was placed on imatinib on the basis of recent data suggesting a role of adjuvant imatinib therapy in terms of improving recurrence-free survival after the resection of primary localized GIST (see: ‘MANUSCRIPT/CASE PRESENTATION’; page 7/lines: 18-21).
In general, it should be mentioned that our work has not been previously published in another journal and has not been submitted to any other journal for simultaneous consideration. Our manuscript, if accepted in the *BMC Gastroenterology*, will not be republished in any other journal in the same or similar form, without the written consent of the Editor of the *BMC Gastroenterology*.

We declare no financial or other relationships leading to a conflict of interest.

The study has been carried out in accordance with the World Medical Association Helsinki Declaration, adopted in 1964 and amended recently (in 2008). Moreover, our work was approved by the scientific committee (also responsible for ethical issues) of the “Attikon” University Hospital.

The manuscript has been read and approved by all authors.

We are looking forward for your response,

Yours sincerely,

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