Author's response to reviews

Title: Factors influencing peritoneal metastasis in non-serosa-invasive gastric cancer: a retrospective study of a prospectively-collected database

Authors:

Baojun Huang (huang_bj@163.com)
Zhe Sun (adam_sun@qq.com)
Zhenning Wang (josieon826@yahoo.com.cn)
Chong Lu (chong_lu@163.com)
Chengzhong Xing (xingchengzhong@163.com)
Bo Zhao (sam_zhaobo@yahoo.com.cn)
Huimian Xu (xuhuimian@126.com)

Version: 2 Date: 2 February 2012

Author's response to reviews: see over
Cover letter

Title:
Factors influencing peritoneal metastasis in non-serosa-invasive gastric cancer: a retrospective study of a prospectively-collected database

Statement:
All authors have read and approved the manuscript to be published and are willing to meet possible costs of color reproduction.

Competing interests:
The authors declare that they have no competing interests.

Dear editor,

We are willing to submit this article to your journal. Gastric cancer is the second leading cause of cancer related mortality worldwide. Peritoneal dissemination represents the most common type of recurrence in advanced gastric cancer. The main mechanism of peritoneal metastasis is thought to be via exfoliation of free cancer cells (FCCs) from tumor in the gastric serosa, and the frequency of peritoneal metastasis therefore increases once the tumor cells penetrate the serosa. However, this type of recurrence is also found in patients without serosal invasion. The mechanisms responsible for and the factors associated with this type of recurrence remain
unknown. In the present study, we therefore examined the association between peritoneal dissemination and clinicopathologic features in a total of 685 patients with either dMP or SS invasion using univariate and multivariate analysis. The results of this study suggest that Infiltration pattern, Borrmann type and TNM node stage are important factors influencing peritoneal metastasis in non-serosa-invasive gastric cancer. Patients with INF\(\gamma\), Borrmann stage III/IV, and N3 TNM stage should be closely followed-up to detect peritoneal dissemination. This research could contributes to understand the influencing factors for peritoneal dissemination in non-serosa-invasive gastric cancer further.