Author’s response to reviews

Title: Primary pancreatic-type acinar cell carcinoma of the jejunum with tumor thrombus extending into the mesenteric venous system: A case report and literature review

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Author’s response to reviews:

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Marco Ettore Allaix
Editor
BMC Surgery

Dear Editor:

We would like to resubmit our original article for publication in the BMC Surgery, titled “Primary pancreatic-type acinar cell carcinoma of the jejunum with tumor thrombus extending
into the mesenteric venous system: A case report and literature review.” We thank the reviewers and editors for their careful consideration of our manuscript. We have responded to the comments from the reviewers, and our point-by-point responses to the reviewers’ comments are outlined below.

Our comments to the reviewers:

For Fabio Cesare Campanile, M.D. (Reviewer 1)

Comment:

The manuscript is a well written and interesting case report. The CARE reporting standard for case reports is well applied, the case description is complete and the discussion interesting. The Jejunum location for heterotopic pancreas is rare and the carcinoma in that location has been seldom reported.

The paper is accompanied by a literature review about pancreatic carcinoma in an heterotopic location. In table 1 the authors report their literature review and maintain that only 13 cases have been reported in the literature (including all digestive ectopic locations. A literature review should be reported along the informations about the research methodology adopted (time limits, databases consulted, language and other limitations, search string used and so on)

If I am not mistaking, in fact, there are several reported cases not listed in the table, and the reported cases appear to be far more than 13. I cannot find the case reported in the paper referenced at #3 (Yamaoka Y, Yamaguchi T, Kinugasa Y, Shiomi A, Kagawa H, Yamakawa Y, et al. 217 Adenocarcinoma arising from jejunal heterotopic pancreas mimicking peritoneal metastasis from colon cancer: a case report and literature review. Surg Case Rep. 219 2015;1:114.). Furthermore, a brief search on pubmed shows the following papers (mostly gastric but several jejunal) that should be taken into account:


And I am pretty sure that my search is not complete.

The literature search should be complete or limited to the jejunal cases, but it cannot be stated that only 13 cases have been reported.

Response:

We thank the reviewer for the careful review. As we described in the Background section (line 40-43, page 3), approximately 30 cases of adenocarcinoma arising from ectopic pancreatic tissue have been reported in the English literature. However, to the best of our knowledge, acinar cell carcinoma (ACC) derived from ectopic pancreatic tissue is very rare, with only 12 previous reports (Table 1). Among these reports, only one described ACC in jejunal pancreatic heterotopia.

With respect to a brief search on pubmed by the reviewer, these reported adenocarcinoma arising from ectopic pancreatic tissue instead of ACC. Furthermore, the case report in the paper referenced at #3 (Yamaoka Y, Yamaguchi T, Kinugasa Y, Shiomi A, Kagawa H, Yamakawa Y, et al. 217 Adenocarcinoma arising from jejunal heterotopic pancreas mimicking peritoneal metastasis from colon cancer: a case report and literature review. Surg Case Rep. 219 2015;1:114.) is searchable in PubMed.

Accordingly, our literature search (Table 1) is limited in heterotopic ACC in a digestive organ.
For Mark Talamonti (Reviewer 2)

Comment:
This is a well-written and appropriately crafted case report of a very rare but potentially challenging case of acinar cell carcinoma arising in an ectopic rest of pancreatic tissue located in the proximal jejunum. That alone makes the case interesting, but the presence of tumor thrombus in the first jejunal branch extending to the level of the uncinate process and up to the confluence with the superior mesenteric vein is fascinating and of technical interest to a surgical audience. The description of the preoperative imaging and endoscopy, the intraoperative decision making, and the final pathology including immunohistochemistry make this a complete and comprehensive report of the case management. The review and summary of the current existing literature is complete and current and nicely summarizes the collective body of literature on the subject. This report adds nicely to that pool of information and I think the manuscript is of sufficient interest and quality to warrant publication in BMC Surgery.

Response:
We thank the reviewer for the kind comment.

Thank you for your consideration. We hope our manuscript is suitable for publication in your journal.

Sincerely,

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