Author’s response to reviews

Title: The inferior vena cava syndrome as the initial manifestation of newly diagnosed gastric adenocarcinoma: a case report

Authors:

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Author’s response to reviews: see over
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Editor, Journal of Medical Case Reports

RE: revisions for manuscript 1496262668159718

Dear Editor:

Thank you for your thorough review of the manuscript 1496262668159718 entitled “The inferior vena cava syndrome as the initial manifestation of newly diagnosed gastric adenocarcinoma: a case report.”

The reviewers’ comments have been addressed point-by-point and chronologically (please see below). Each suggestion / revision has contributed to strengthening of the revised manuscript, and the reviewers’ comments were greatly appreciated.

Comments from Dr. Wook Kim:

- Regarding the ethical concern about IRB approval, consent was obtained from the patient for publication of this case report. IRB approval is not necessary given that this case report does not involve Human Subjects Research. Per the Instructions for Authors webpage on the journal website, case reports require written informed consent rather than IRB approval. The author has a copy of the written informed consent.
- Regarding summary of the clinical course and all follow up visits, this information has been added to the last paragraph in the Case Presentation section (please see red font).
- Regarding the missing endoscopic and histologic findings, these images are now included in the case report. The histologic findings are located in a new figure (Figure 3). The endoscopic findings are located in a new figure (Figure 4).
- Regarding the additional comments from Dr. Kim:
  - The antral mass has now been clearly defined. This original image (CT abdomen/pelvis showing the antral mass) is included in a new figure (Figure 2). Endoscopic findings are now presented (Figure 4). Thank you for noticing this important missing information.
  - The possibility of invasion of an unknown metastatic hepatic mass has been explored and clarified. The endoscopy images and histology images of the primary gastric adenocarcinoma have been included. This confirms that the primary tumor was gastric adenocarcinoma.
  - The reviewer is correct regarding the legend for Figure 1d. This was mistyped in the original submission. The CT section is at the superior portion of the kidney, not inferior portion. Thank you for noticing this error. This has been corrected (red font).

Comments from Dr. David Gorard:
• Comment 1: The English has been improved by careful proofreading by the author. Changes have been made to reflect proper grammar and syntax. The changes are in red font.
• Comment 2: The discussion has been made more concise. As advised, the paragraph beginning with “The strengths and limitations of this case” has been removed since this paragraph did not add significantly to the manuscript.
• Comment 3: The pronoun “we” has been removed, since there is a single author.
• Comment 4: It has been made clear that the gastric mass was biopsied at endoscopy, prior to the histologic description. (Please see red font). The histology images are included in a new figure (Figure 3).

Sincerely,

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