Author’s response to reviews

Title: SURGICAL TREATMENT OF ENDOPERITONEAL METASTASES FROM LUNG CANCER: REPORT OF TWO CASES AND REVIEW OF THE LITERATURE

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SURGICAL TREATMENT OF ENDOPERITONEAL METASTASES FROM LUNG CANCER: REPORT OF TWO CASES AND REVIEW OF THE LITERATURE

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Journal of Medical Case Reports

Dear Editor,

Thank You once again for giving us the opportunity to revise our manuscript. Here the point per point replies to the reviewers comments.
Reviewer reports:

Reviewer #3: 1. Do you believe the case report is authentic?
Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.
Comments:

3. Does the Introduction explain the relevance of the case to the medical literature?
Yes/No

4. Does the article report the following information? Where information is missing, please specify.
   a. The relevant patient information, including:
      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
      - Relevant past interventions and their outcomes
   b. The relevant physical examination findings
   c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
d. Diagnostic assessments, including:
   - Diagnostic methods
   - Challenges (e.g., financial, language/cultural)
   - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments:

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?
Comments:

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.
   Yes/No

7. Is the Abstract representative of the case presented?
Comments:

8. Does the case represent a useful contribution to the medical literature?
Comments:

9. Additional comments for the author(s)?
I can see many corrections and revisions; however still at most places, it is being highlighted that cytoreductive surgery is beneficial in such cases.

The author must understand that some procedure will be needed in case of bowel obstruction; which in these cases has given a better survival period.

Only in isolated peritoneal mets patient may be benefitted.

1. Peritoneal diffusion from extra-abdominal tumors is thought to be very rare.

It is rare but not 'very rare '

R.: Thank You for the comment. “very rare” has been replaced with “rare”.

2. "cytoreductive surgery could be considered a feasible choice in selected patients with peritoneal metastases from lung cancer”

Conclusion is misleading as cytoreductive surgery in these patients may benefit only in isolated peritoneal mets.

Moreover resection of obstructed segment of bowel is standard of care in acute obstruction.

Conclusion of abstract and Main text should be same, else confusion will prevail.

R.: Thank you. Conclusion and abstract have been changed accordingly to Your useful suggestions.

3. Currently, patient is alive and disease free after 3 years of follow-up.

The case is of March 2013, and currently is June 2019.

Second case is of September 2011, but died in February 2014.

What is the current status of patient- case 1, if known?
As mentioned in text, the patient 1 is still alive (and one of them is currently alive), that means around six years survival?

R.: Sorry, it was a typo. Patient 1 was still alive and disease free after three years from surgery but then he was lost at follow up and we don’t know his current status.

Since, both cases were followed (Case 1 for 3 years and case 2 till 2014), what are the reasons that there is substantial delay in highlighting in 2019.

R.: This manuscript was initially written in 2017, but never published. It was reconsidered for publication, after careful update of literature, during an update on “unconventional” cytoreductions performed in our institution, being part of a larger case series (two papers, one on breast and another on “unconventional” peritoneal metastases had been already published in 2013 and 2015) to be published in the next future.

4. To our knowledge, this is one of the very few available reports focusing on surgical treatment of diffused peritoneal metastases from lung cancer.

Don't agree with authors as we are looking at patients with acute bowel obstruction who definitely need some intervention. In metastatic disease, there is palliation only rather than definite treatment in absence of PET CT.

R.: Thank You. Although these were emergency patients, their good results could perhaps suggest a role for cytoreductive surgery even in elective setting.

5. "According to the two most recent systematic reviews, bowel obstruction is the most frequent clinical presentation that often requires an emergency treatment although bleeding and perforation are also described (reported) (14,15)."

The patients with obstruction, bleeding and perforation must have undergone some procedure which is the standard of care.

Reviewer #5:

1. Do you believe the case report is authentic?
Yes

2. Do you have any ethical concerns? Please consider if local Institutional Review Board approval or ethical approval was obtained (if appropriate) and if the patient (or their parent or guardian in the case of children under 18) gave written, informed consent to publish this case and any accompanying images. A statement to this effect should appear in the manuscript.
Comments: No

3. Does the Introduction explain the relevance of the case to the medical literature?
Yes

4. Does the article report the following information? Where information is missing, please specify.
   a. The relevant patient information, including:
      - De-identified demographic information (age, gender, ethnicity)
      - Main symptoms of the patient
      - Medical, family and psychosocial history
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   b. The relevant physical examination findings
   c. Important dates and times in this case (if appropriate, organized as a timeline via a figure or table); if specific dates could lead to patient identification, consider including time relevant to initial presentation, i.e. initial presentation at T = 0, follow up at T = 1 month.
d. Diagnostic assessments, including:
  - Diagnostic methods
  - Challenges (e.g., financial, language/cultural)
  - Reasoning and prognostic characteristics (e.g., staging), where applicable

e. Types and mechanism of intervention

f. A summary of the clinical course of all follow-up visits

Comments: Includes all the above elements

5. Is the interpretation (discussion and conclusion) well balanced and supported by the case presented? He has

Comments:

6. Is the anonymity of the patient protected? Please consider any identifying information in images such as facial features or nametags, whether the patient is named etc. If not, please detail below.

   Yes

7. Is the Abstract representative of the case presented?

   Yes

8. Does the case represent a useful contribution to the medical literature?

   Yes

9. Additional comments for the author(s)?

   Line 46 - 1.2 need to be changed to 1.2
   R.: Thank You for the comment. Changed.