Peer Review File

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Reviewer A: This manuscript is well written. I think the authors had a great report.

Comment 1: The authors described that multi-point biopsy showed poorly-differentiated mucinous adenocarcinoma and signet ring cell carcinoma were found (L114). Where did you biopsy? Does that mean the metastatic cervical cancer had infiltrated the colorectal?
Reply 1: The cervical biopsy results showed a poorly differentiated mucinous adenocarcinoma, with signet ring cell carcinoma differentiation in some areas, and the results of immunohistochemistry analysis suggested metastatic cancer from a digestive system tumor. Then the pathological results of a gastric mucosa multi-point biopsy showed poorly-differentiated mucinous adenocarcinoma and signet ring cell carcinoma were found.
In our case, the primary lesion was located in the stomach and transferred to the cervix, with abnormal vaginal bleeding as the primary manifestation.

Comment 2: Why did you think you could have surgery?
Reply 2: Due to gastric cancer metastasis to ovary, hemorrhage occurred in ovarian lesions, resulting in hemorrhagic shock.To correct the shock and save the patient's life, an emergency bilateral salpingo-oophorectomy was performed.

Comment 3: Why had routine cervical cancer screening have a high false-negative rate in the diagnosis of metastatic cervical cancer?
Reply 3: Most metastatic cervical cancers are non-squamous cell carcinoma, but routine cervical cancer screening is highly sensitive to squamous cell carcinoma. For specific pathologic types such as this case, routine screening has a high negative rate.

Comment 4: Please show the figure of the gastric cancer.
Reply 4: Unfortunately, the patient underwent gastroenteroscopy in a local hospital, and the relevant information was only in paper version, so the image could not be obtained.

Reviewer B: This is an interesting case report of a rare case of metastatic gastric cancer to the cervix. I do have some minor comments:

Comment 1: In general: I would advise the authors to make their description of the case more concise.... leave out details such as page 4, line 128/129 blood pressure and Hemoglobin ...There are much more examples of details not relevant for this case report
Reply 1: We have simplified our text as advised. We have removed the examples

of details not relevant for this case report.
Changes in the text: We have revised our text as advised. (see Page 7, line 128-133)

Comment 2: lines 45to 47: was there really an "intracranial hemorrhage" or do you mean intraabdominal hemorrhage? because in the description of the case you do not mention intracranial hemorrhage anymore?
Reply 2: We are very sorry for the trouble caused to you by our improper choice of words. This is a case of cystic hemorrhage with metastatic ovarian lesion. We have corrected this error.
Changes in the text: We have revised our text as advised. (see Page 3, line 50)

Comment 3: I miss information on the response after chemotherapy (FLOT regimen)? Why was the regimen changed into FOLFIRI
Reply 3: During the evaluation of efficacy, CT indicated that the lesion had grown, so chemotherapy was changed considering the progression of the disease.
Changes in the text: We have explained the change of chemotherapy regimen. (see Page7, line 125-126)

Comment 4: I am a little bit in doubt about the recommendation to perform surgery in cases like this? The authors should be a bit more critical and give some more details on what type of surgery is beneficial when the patient has a 5 cm barrel shaped metastatic cervical cancer from a primary in the stomach?
Reply 4: In this case, bilateral salpinx oophorectomy was performed for symptomatic treatment such as hemostasis and correction of shock. Since the patient had multiple distant metastases of gastric cancer, the main treatment was chemotherapy, and palliative surgery was performed when necessary to solve the related complications.

Reviewer C: This is a thoroughly documented case report. There are aspects of the clinical history which are unclear:

Comment 1: The end of the 2nd paragraph of the case report implies the tumour is rectal in origin but in the 3rd paragraph a diagnosis of gastric antral carcinoma is made. Can this be clarified?
Reply 1: We have identified that this case was primary gastric cancer with metastasis to the cervix. And we have revised our text.
Changes in the text: We have revised our text as advised. (see Page 6, line 106-116)

Comment 2: The abstract mentions intracranial haemorrhage but this is not discussed in the case report.
Reply 2: We are very sorry for the trouble caused to you by our improper choice

of words. This is a case of cystic hemorrhage with metastatic ovarian lesion. We have corrected this error.
Changes in the text: We have revised our text as advised. (see Page 3, line 50)

Comment 3: line 151-2: Not sure what 'renal pelvis migration' and 'sexual cell carcinoma' are? This needs to be clarified.
Reply 3: After confirmation, we modified the content as follows: renal cell carcinoma and transitional cell carcinomo of renal pelvis account for 3.0% each.
Changes in the text: We have revised our text as advised. (see Page 8, line 144-145)

Comment 4: More discussion on how to resolve the differential diagnosis between primary cervical adenocarcinoma (both HPV associated and HPV independent gastric type adenocarcinoma) and metastasis pathologically would enhance the paper.
Reply 4: Immunohistochemical results of specimens can indicate primary or metastatic cervical cancer, we have revised our text as advised.