

## ANSWERING REVIEWERS

September 29, 2016



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 28832-review.doc).

**Title:** Endoscopic submucosal dissection for small submucosal tumors of the rectum compared with endoscopic submucosal resection with a ligation device

**Author:** Hideaki Harada, Satoshi Suehiro, Daisuke Murakami, Ryoutarou Nakahara, Takanori Shimizu, Yasushi Katsuyama, Yasunaga Miyama, Kenji Hayasaka, Shigetaka Tounou

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 28832

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) The sentence which is located in method section “whereas 14 lesions were not performed by endoscopic biopsy” is not understandable. I think the authors intended to say different. I think evaluation will be suitable for performed.

Answer: We changed the sentence.

“14 lesions were not evaluated by endoscopic biopsy.”

- (2) The conclusion should be written again. It is confusing due to language error.

Answer: We changed the conclusion.

“Both ESMR-L and ESD were effective for treatment of small rectal SMTs. ESMR-L was simpler to perform than ESD and took less time.”

- (3) In the introduction, I think “are one of the most candidates” is not proper, most may be removed by authors.

Answer: We changed the sentence.

“Rectal carcinoid tumors smaller than 10 mm in diameter are candidates for local excision”

- (4) In the method; same error in the abstract plus “underwent by endoscopic ultrasonography (EUS)” is false, by should be removed.

Answer: We removed it.

- (5) Some part of the discussion needs revision. For example; in the first paragraph of the discussion section ; “The previous studies reported that the ESD group had longer procedure time and hospitalization than the ESMR-L group. Although our study included other rectal SMTs, such as leiomyoma and lipoma, our results were also inconsistent with the previous studies for carcinoid tumors. In terms of the procedure time and hospitalization, the ESMR-L procedure is more favorable treatment than the ESD procedure.” These sentences is confusing. The authors should maket his sentences more clear and understandable.

Answer: We changed the paragraph.

“Previous studies reported that the length of the procedure and the period of hospitalization were greater in the ESD group than in the ESMR-L group. Although our study included other rectal SMTs, such as leiomyoma and lipoma, our results were also consistent with those of the previous studies of carcinoid tumors. In terms of procedure time and length of hospitalization, the ESMR-L procedure is a more favorable treatment than the ESD procedure.”

- (6) The paper is interesting, but I think some minor revisions are required. - I don't understand why a biopsy was not routinely performed for all the lesions incidentally found; this probably could have led not to do anything for the two lipomas (with consequent risk of perforation or bleeding, without any benefit); moreover you conclude that with ESD the fibrosis caused by the biopsies is not a problem. - For neuroendocrin tumors, that you call carcinoids, the biopsy permits to evaluate the three parameters (morphological and immunohistochemical evaluation and mithotic index) that orient on diagnosis and the correct treatment (after stadiation exams, such as a PET gallium scan).

Answer: I agree with your opinion. However, we routinely treat colorectal SMTs with endoscopic resection without endoscopic biopsy, since we experienced a vertical margin involvement of carcinoid tumor with previous biopsy. Furthermore, we performed endoscopic ultrasonography (EUS) for a lipoma before ESMR-L. The EUS findings revealed that the tumor was located at the submucosal layer and did not show an apparent high-echoic image because of its small size. Therefore, we had to diagnose the tumor by

endoscopic resection.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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