

Format for ANSWERING REVIEWERS

June 10, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 10647-review.doc).

Title: Endoscopic full-thickness resection for gastric submucosal tumors arising from muscularis propria layer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10647

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) How did they avoid injury of surrounding organs such as transverse colon and pancreas?

When there was perforation, operator must use IT knife carefully to avoid injury of surrounding organs such as transverse colon and pancreas.

- (2) Mean follow up period is rather short (6 months). Surgeons may worried about peritoneal seeding due to this procedures. Usually, such iatrogenic peritoneal seeding occur 2 to 5 years after resection.

The follow up period is relatively short (6 months), we will further follow up the patients in the following 5 years to observe if there was iatrogenic peritoneal seeding after EFR.

- (3) Maximum size of resected specimen was 4.5cm. How could the operator pull out such large mass through the oesophagus.

The maximum size of resected specimen was 4.5cm, the operation must cut the specimen into several pieces in the stomach to pull out it through the oesophagus.

- (4) This procedure was performed under general anesthesia. Thus, use of conventional laparoscope from the abdomen must be easy. Is the total costs of this procedure less than LECS (laparoscopy and endoscopy cooperative surgery)?

EFR was performed under general anesthesia. The total costs of this procedure was less than LECS (laparoscopy and endoscopy cooperative surgery).

(5) The result section of the paper made following changes:

We added the following items:

Post-procedure morbidity: All the patients recovered well, the morbidity was zero.

Number of titanium clips used: In 8 cases, some normal mucosa at the periphery may require suturing to reduce wound size, with this method the perforation could be closed with clips.

Number of patients need puncture to solve pneumoperitoneum: 5 patients had serious pneumoperitoneum, they need puncture to relieve it.

Schwannoma was changed to gastric autonomous nerve tumors

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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