

Format for ANSWERING REVIEWERS



November 12, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name:13740-review.doc).

Title: Peroral endoscopic myotomy (POEM): time to change our opinion regarding the treatment of achalasia?

Author: Marcel Tantau, Dana Crisan

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 13740

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:

R: Title: Stately ?

Au: It was the title suggested by the journal. We corrected the title with time to change our opinion regarding the treatment of achalasia

R: Abstract: "the technique addresses experts in interventional endoscopy" I am not sure what this means.

Au: We believe that the phrase "the technique addresses experts in interventional endoscopy" expresses that the technique is aimed to be performed by those who are not on their learning curve in therapeutic/interventional endoscopy. We asked the opinion of a native English speaker, so we maintained the phrase.

R: Abstract: "coming subsequently" = requiring

Au: We replaced coming subsequently with requiring as suggested

R: Abstract: "with a high impact" = with a need for structured proctoring during the first cases?

Au: We made the corrections as suggested

R: Introduction: the introduction here should focus on POEM and less on Achalasia overview and medical therapy.

Au: We removed from the introduction the general information about achalasia and maintaining only the information about POEM.

R: Endoscopic Myotomy: Pashrica and others that you cite did not describe crossing the GE junction to perform a myotomy. The first description crossing the GE junction and performing a gastric and esophageal cardiomyotomy is from Surg Endosc. 2008 Oct;22(10):2279-80.

Au: We mentioned Pashrica as being the first to describe the submucosal channel, but We added Pauli as being the first who described crossing of GE junction and performing cardiomyotomy, as suggested.

R: You consistently say “the POEM procedure”. Most would just say POEM.....this implies “the procedure”

Au: We changed the term POEM procedure with POEM as suggested.

R: The POEM Procedure – you note that teams starting POEM should begin “after completing a learning curve” Yet you do not note how to gain experience in patients safely without still being within the learning curve. I.e. How do you start (for the first time) and already have experience?

Au: We mentioned at the end of the article that learning curve implies preclinical learning on animal model and consequently, proctoring on human subjects, under the supervision of expert.

R: POEM contraindications – you do not mention fungal infection or heavy esophageal loading with food.

Au: We added the fungal infection and esophageal loading with food as contraindications.

R: Also, several POEMS have been conducted without general anesthesia, so your absolute contraindication of “the only real contraindication for POEM these days remains the inability to undergo general anesthesia” is not necessarily correct.

Au: We corrected the contraindications as suggested.

R: Pre-operative liquid diet is generally for more than one day before the procedure. Some endoscopists admit the patients the day before POEM and perform an upper endoscopy to washout the esophagus before the procedure. Dexamethasone dose is not given by many POEM endoscopists

Au; We agree that the liquid diet is needed in general for more than one day. Dexamethasone is an option, we did not impose it as a rule in the therapy before POEM. WE rephrased the text as suggested by reviewers.

R: Technical Aspects: you note that “a large working-channel endoscope with water-jet function is more useful.” There is no literature so support this opinion. For most patients, the slim diagnostic scope makes crossing the GEJ easier than with a large caliber scope.

Au: There are some articles in literature that suggest the large working-channel endoscope with water-jet function is useful in POEM, but we agree that a slim scope makes the crossing of GEJ easier in patients with achalasia.

R: Technical Aspects: The “special needle” you refer to is a verres needle.

Au: We mentioned the name of the needle as being Verres needle.

R: Equipment required for POEM/ POEM Procedure – you are basing your entire POEM description on one investigator's description. TT knife is commonly used, but not by everybody. Some use a IT knife, or a hook knife, or a water jet, or hybrid knife. I would like to see your description of what is needed and how POEM is done a bit more general and less specific. The equipment for injection, use of balloons, type of antibiotics given are all variable. You are presenting information which suggests that these protocols are standard and this is not true.

Au: We agree that some technical aspects were influenced by the experience of prof Tantau and we agree that different authors are using different devices, so we corrected as the reviewers suggested and we rephrased this chapter, making it less specific.

R: POEM Procedure: I agree that CO2 insufflation is mandatory, but it does not eliminate the risk of gas in the mediastinum or abdomen. It does, however, greatly reduce it because the CO2 is rapidly reabsorbed and because the PSI of the air pump is less than the PSI of the CO2 pump. These points should be highlighted.

Au: We rephrased the discussion about CO2 insufflation as suggested.

R: Post-operative care - many who perform POEM now release patients on the same day of the procedure POEM compared to LHM - there is at least one missing citation from Bhayani et al Ann Surg 2013;00:1-6

Au: We agree your observation and we corrected this aspect. We also added the citation suggested.

R: POEM after prior intervention - please also cite Orenstein et al "Peroral endoscopic myotomy (POEM) leads to similar results in patients with and without prior endoscopic or surgical therapy" from surgical endoscopy which also addresses this issue.

R: We added the results of Orenstein in POEM after prior intervention as suggested.

Thank you for the pertinent suggestions.

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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