

## Format for ANSWERING REVIEWERS



January 2th, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15431-review.doc).

**Title: Role of double-balloon enteroscopy in malignant small bowel tumors**

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

**ESPS Manuscript NO:** 15431

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 reviewers as follows:

2.1. Reviewer 02510223:

Thank you for your comments.

- a) There has been recently reported [5] that in patients presented with OGIB, DBE following a positive CE may be the first option, but direct surgery may also be indicated. Among the patients with a high clinical suspicion of a SBT in the setting of a negative CE result, radiological imaging or deep enteroscopy are equally indicated. CT scan or MR is the preferred initial test in patients with obstructive symptoms.

We have performed a DBE following a positive CE in all cases to have a histological and endoscopic diagnosis. Therefore, we strongly agree in the fact that CT scan improves the diagnosis of SBT. However, most of the patients in our series presented with OGIB (67.8%) and our hospital is a referral center in DBE. Thus, only 8 patients with MSBT (28.6%) underwent a previous CT scan and a suspected mass was identified in 6 of them. 6 patients (75%) with obstructive symptoms underwent CT scan or MR as the first SB study and direct DBE was performed in 2 cases (25%).

We have added to the results and discussion.

b) We have clarified the treatments of these patients as you have recommended.

2.2. Reviewer 00045716:

Thank you for your comments:

- a) The entire exploration of SB may be crucial in some patients with neuroendocrine tumors. However, in other cases, to achieve the primary MSBT location for histological samples is enough. We have clarified this point in the manuscript.

2.3. Reviewer 00039365:

Thank you for your revision:

- a) We have clarified the radiological imaging role in our study according to your comment. Eight patients with MSBT (28.6%) underwent a previous CT scan and a suspected mass was identified in 6 of them. 6 patients (75%) with obstructive symptoms underwent CT scan or MR as the first SB study and direct DBE was performed in 2 cases (25%).
- b) In our series, most of patients underwent DBE following CE because our hospital is a DBE referral center and most of cases presented with OGIB.
- c) There were performed the following examinations before DBE: CE in 17 cases (14 of them confirmed a MSBT), CT scan in 8 cases (6 of them confirmed a MSBT), other radiological studies in 2 cases.
- d) Obscure gastrointestinal bleeding has been reported as a clinical sign of malignancy in selected cases. However, the clinical presentation of these patients with bleeding MSBT is very heterogeneous and it may be difficult to suspect. Most of patients in our series did not develop a clear constitutional syndrome.
- In addition, there are some clinical differences concerning different histological types. Overt-OGIB may be more common within GIST and rare in patients with adenocarcinoma.

2.4. Reviewer 02537190:

Thank you for your comments.

3. References and typesetting were corrected and increased to 36 as you have recommended.

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

Sincerely yours,

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