

Format for ANSWERING REVIEWERS



April 8, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17113-revised.doc).

Title: Magnifying narrow-band imaging endoscopy is superior in the diagnosis of early gastric cancer

Author: Hang Yu, Ai-Ming Yang, Xing-Hua Lu, Wei-Xun Zhou, Fang Yao, Gui-Jun Fei, Tao Guo, Li-Qing Yao, Li-Ping He, Bang-Mao Wang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 17113

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) Reviewer 1 (2528717):

"There are some word errors and they have been marked by yellow."

Authors' response: We corrected some typing mistakes as suggested.

(2) Reviewer 2 (2982969):

"1. Please specify whether the scope used has a high-definition or only a high-resolution imaging technology in the methods section. Then, I recommend adding this relevant specification any time WLE is cited. 2. Results In this sentence "The diagnostic specificity and accuracy of both ME and ME-NBI were significantly better at detecting EGC than WLE based on the VS classification system ($P < 0.05$)." the term "specificity" is incorrect and should be replaced with "sensitivity" according to data showed in the table. 3. Moreover, I would suggest to delete the subtitle "comparison of the diagnostic accuracy" and to move the following sentence at the end of the result section "Thus, the use of ME and ME-NBI improves the endoscopic recognition of EGC". 4. The manuscript will greatly improve if Authors provide sens, spec and accuracy values for LGD in the result, thereby adding a short comment about these data in the discussion. Please also define the appearance of LGD and chronic gastritis. 5. No study limitation has been acknowledged. "

Authors' response: 1. The white light endoscopy we used in the present study was high-definition imaging. We change the term "WLE" into "HD-WLE" throughout the paper as advised. 2. The typing mistake in the "result part" was corrected (specificity → sensitivity). 3. We delete the subtitle "comparison of the diagnostic accuracy" as suggested. 4. The diagnostic value of HD-WLE, ME and ME-NBI for precancerous lesions such as LGIN is not analyzed in our study, because there are no well-recognized diagnostic criteria for precancerous lesions. We put this point in the "limitation part" of discussion, and delete the term "precancerouse lesions" in this paper. 5. We add study limitation to our paper as suggested.

"1. Introduction "As a result, endoscopic screening has been recognized as one of the most effective methods for the detection of early gastric cancer (EGC)" I would add the specification: "...detection of early gastric cancer (EGC) in endemic countries. 2. Discussion "The maximal resolution is 6-9 micrometers". Please specify what

kind of endoscope/technology has this specific maximal resolution."

Authors' response: 1. We add " in endemic countries" to that sentence as suggested. 2. We change the sentence into "The maximal resolution of ME is 6-9 micrometers."

(3)Reviewer 3 (2977366):

"The advantages of ME and ME-NBI in EGC screening and diagnosis should be fully analyzed and discussed. In statistical analysis, stratify analysis should be performed to explore the value of ME and ME-NBI in subpopulation, including lesion type, location, etc. Some extra data of these examinations is better to be analyzed, including time consuming, cost-effectiveness ratio, etc."

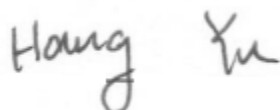
Authors' response: 1. The advantages of ME and ME-NBI has been further analyzed in the 4th paragraph of the discussion part as suggested. 2. The present study fail to analyze the value of ME and ME-NBI in subpopulation, we recognized this imperfection and put this into the limitation part of the discussion.

3 In the original paper, we described the term EGC with a supplementary explanation that this term here also included category 4 according to revised Vienna classification. This was a confusing description because EGC actually includes category 4 and category 5, and we originally mean that EGC included category 4 besides category 5. We change the sentences into "... EGC (including category 4 and category 5)" to better explain what we mean.

4 References and typesetting were corrected

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

Sincerely yours,



Hang Yu
Department of Gastroenterology
Peking Union Medical College Hospital
Peking Union Medical College
Chinese Academy of Medical Sciences
No.1 Shuaifuyuan, Dong Cheng District, Beijing 100730, China
Tel: +86-18810261935
Fax: +86-10-6915-5778
E-mail: yuhangleisure@163.com