

Format for ANSWERING REVIEWERS



April 27, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17825-edited.docx).

Title: Carcinoma in Situ in a 7mm Gallbladder Polyp: Time to Change Current Practice?

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We thank the reviewers and editors for taking the time to review our paper, and offer suggestions. The manuscript has been improved according to the suggestions of reviewers:

1 Formatting has been updated

2 Revision has been made according to the suggestions of the reviewers:

Reviewer 1: This was a interesting case report of small gallbladder polyp with advanced histology, accidentally detected in the specimen of cholecystectomy. This case was unique because age was only 25 year-old and accompanied with symptomatic gallstones. I think this conclusion was too strong. We cannot apply this special case to our guideline.

Answer: Thank you for your comments. We have toned down the conclusion to say that cholecystectomy should perhaps be considered. We have also added a final sentence saying that further studies should be done before formal recommendations could be made.

Reviewer 2: Very well written but a few changes need to be made. First, after seeing oncology what follow up was done? For example, why did she get seen 3 years after surgery? Did she get imaging follow up? Blood work? Add to the discussion what the follow up should be for stage 1 cancer.

Answer: The patient chose not to go to oncology, and this has been further elaborated in the manuscript. Current guidelines do not recommend further treatment for T1a tumors (stage 1), and so certainly that would apply for Tis (stage 0) disease. According to the National Comprehensive Cancer Network Guidelines, even aggressive surveillance (bloodwork, imaging) is not supported by the data, and should be individualized by the patient. We appreciate these comments, and have expanded the manuscript to mention these points.

Reviewer 2: Add to the discussion what the current standard for follow up of polyps less that 1 cm is (usually u/s periodically).

Answer: Unfortunately, the recommendations for this vary. Most recommendations for polyps of this size are for

“ultrasound surveillance” without specific guidelines of how frequent or for how long. We have included some general recommendations in the manuscript at the end of the third paragraph in the discussion.

Reviewer 2: Also, you cannot make the conclusion you did. It is way too strong. Instead you could say that this case has made you consider lowering your threshold for removal of polyps.

Answer: We agree with this point, and it was brought up by Reviewer 1 as well. We have toned down the conclusion to say that perhaps cholecystectomy should be considered. We have also added a final sentence saying that further studies should be done before formal recommendations could be made.

Reviewer 2: Also, what really happened here was not a polyp just sitting around but a polyp with chronic chole which is probably the real factor causing the risk of cancer. Please add the pathology report on the nature of the gallbladder wall and burden of gallstones.

Answer: We thank the reviewer for this point, and expanded on the pathology findings. Specific burden of gallstones was not available, only that they were “multiple and small”. And although the gallstones may have played a role in the pathogenesis here, we don’t think that takes away from the point that malignant degeneration can develop in a polyp less than 10mm.

3 References and typesetting were corrected. PMID and DOI numbers were added.

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

Sincerely yours,

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