

## ANSWERING REVIEWERS



May 27, 2015

Dear Editor,

We respectfully resubmit our article. Please find enclosed the edited manuscript in Word format (file name: 18157-edited.doc). Comments from the two reviewers were very helpful in guiding us to revise and improve the quality of our manuscript.

**Title:** Data analyses and perspective on laparoscopic surgery for esophageal achalasia

**Author:** Kazuto Tsuboi, Nobuo Omura, Fumiaki Yano, Masato Hoshino, Se-Ryung Yamamoto, Shunsuke Akimoto, Takahiro Masuda, Hideyuki Kashiwagi, Katsuhiko Yanaga

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 18157

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) Replies to Reviewer 1: 1047505

1) Abstract The abstract can not summarize the content of this review well. The information of laparoscopic surgery should be emphasized.

Response: We added a sentence in the abstract section (page 2).

2) Some part of the manuscript is not complete. Such as “but 11 of the 18 articles on surgical treatment of esophageal achalasia reported combination of myotomy with laparoscopic antireflux surgery (LARS)” (Page 4). How about the results of combination of myotomy with LARS? There is no data or explanation.

Response: That’s our mistake. As suggested, we added some information to clarify the sentences (page 4).

3) Is there shortcoming about minimally invasive surgery? Please clarify.

Response: Many studies indicated that minimally invasive (laparoscopic) surgery is a gold standard for treatment of esophageal achalasia. And we are not able to find any shortcoming in laparoscopic surgery for esophageal achalasia without lengthening of operating time if the patients have no contraindication of laparoscopic surgery. We added this sentences in the “Open method vs. minimally invasive surgery” section (page 5).

4) The article listed the results of many studies, but did not analyze the problems or drawbacks of these studies.

Response: Thank you for your comment. We mentioned some comments for studies (page 6,7). But the comments which we had already mentioned for each tables were kept as those.

(2) Replies to Reviewer 2: 1804189

1) It is a well written review on various methods of treatment of achalasia cardia. It would be better if the authors can provide guidelines for treatment based on age of the patient, manometric findings, fitness for surgery, etc.

Response: Thank you for your comment. At the moment, there is no room for doubt that laparoscopic surgery is a best treatment for the patients with esophageal achalasia. However, it is very difficult to provide guidelines for

treatment based on various factors. We need further studies for solving those problems. We mentioned about those in the Conclusion section.

(3) Replies to Reviewer 3: 2444931

1) The logicity of paragraph “open surgery” should be reinforced. The conclusion of this paragraph seems not to be evidential.

Response: As response for reviewer 1 (1047505), we added sentences and clarified (page 4). We hope these information are helping to make our article more evidential.

2) The comparison of long-term outcomes between open method and minimally invasive surgery are not described definitely. If you want to emphasize the long term outcome, more concrete description should be covered, such as complication and QOL.

Response: We added some concrete information in the “Open method vs. minimally invasive surgery” section to emphasize the long term outcome (page 5).

3) The robotic approach is novel, but are not essential.

Response: We agree with you that robotic-surgery is not essential in our article, so we omitted these part.

4) Argument like “Some patients developed esophageal squamous cell carcinoma during the long follow-up after successful relief of esophageal obstruction by surgery” is recognized to be very uncertain. Maybe you should delete it or change your expression.

Response: As suggested, we changed our expression (page 13).

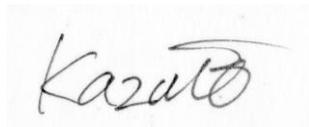
5) The language should be furhter polished. On one hand, there exist some ambiguous reference of pronouns just like “the therapy” in the last sentence of the abstract, “the procedure” in the line 10 of the paragraph “open surgery”, “they” in the line 11 of the paragraph “the thoroscopic surgery vs. laparoscopic surgery”. On the other hand, the arguments you propose should be consistent with your viewpoint and irrelevant argument should be deleted, just like “the operating time was significantly longer in the laparoscopic surgery group than that in the other group (178 minutes vs. 125 minutes) but there was not much difference in the therapeutic effect, mortality, and morbidity.” in page 6.

Response: Thank you for your comment. Our manuscript had already checked by native English speaker. However, reading thoroughly manuscript once more, it corrected. And as your suggestion, we re-wrote each sentences and clarified.

3 References and typesetting were corrected

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

Sincerely yours,



Kazuto Tsuboi, MD, PhD

Dept. of Surgery

The Jikei University School of Medicine

3-25-8, Nishishimbashi, Minato-ku, Tokyo

105-8461, Japan

Fax: +81-3-5472-4140

E-mail: [kazuto@jikei.ac.jp](mailto:kazuto@jikei.ac.jp)