September 10th, 2015.

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 20107-Revised manuscript.doc).

Title: Opinion: How to manage subepithelial lesions of the upper GI tract?

Author: Matheus Cavalcante Franco, M.D., MSc, Ricardo Schulz, M.D., Fauze Maluf-Filho, M.D., PhD.

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 20107

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 We have provided language certificate by professional English language editing company.

3 We have added the Audio Core Tip and a Conflict-of-interest statement.

4 Revision has been made according to the suggestions of the reviewer (corrections are highlighted).

(1) 2953122

Suggestion: This is a paper to Opinion: How to manage subepithelial lesions of the upper GI tract? Though it is interesting, there is one issue to be solved. Minor comments 1) Page 13, lines 27. You should change "SLEs" to "SELs".

Answer - We thank the reviewer's suggestion. We have changed it accordingly.

(2) 45148

Suggestion: In the section "2. Risk stratification":
On the other hand, when the lesion is located in the stomach or duodenum this risk is much higher, around 72% and 100% respectively[6].
Can not find the supportive evidence in this ref [6].

Answer - We appreciate your commment. In reference #6, Stelow et al. report on 55 gastric mesenchymal SELs, from which 41 (74%) were GISTs. We have added a reference to support the frequency of duodenal GISTs and have changed the text to clarify what we wanted to express.
On the other hand, when the lesion is located in the stomach or duodenum this risk is much higher, as a previous publications reported that subepithelial neoplasms located in the stomach and duodenum were GISTs in more than 70% and 50% of cases, respectively[6,7].
We also added this reference (number 7) for the manuscript:
7 Pavlovic Markovic A, Rösch T, Alempijevic T, Krstic M, Tomic D, Dugalic P, Sokic Milutinovic A, Bulajic M. Endoscopic ultrasound for differential diagnosis of duodenal lesions. *Ultraschall Med* 2012; **33**: E210-7 [PMID: 23129520 DOI: 10.1055/s-0032-1313135]

Suggestion: In the section 3. GIST: oncogenesis and histologic assessment:
However, not all GISTs present invasive or metastatic behavior, making possible approaches that are more conservative.
What does it means for the underlined part?

Answer - We thank you for the reviewer's suggestion, and we have changed the text accordingly
However, not all GISTs present invasive or metastatic behavior.

Suggestion: In the section 6. Tissue is the tissue:
Stelowet al[6] reported that EUS-FNA diagnosis was correct in 97% of patients, and in all cases with mesenchymal tumors.
In the M & M section of this reference, adequate material for immunocytochemical analysis was 80%. In such condition, the above description may not be correct.
The authors also described in the conclusion that:
EUS-FNA or core biopsy should be tried, but they have a very low diagnostic yield.

Answer - We agree with the reviewer's comments, and we have changed the text accordingly:
Stelow et al[6] reported, in a study of EUS-FNA with sufficient material from 29 patients with SELs and follow-up information, that EUS-FNA diagnosis was correct in 93% of patients, and in almost all cases of mesenchymal tumors.
We also changed our conclusion, as you suggested:
EUS-FNA or core biopsy should be tried, but they have a very low diagnostic yield in small lesions.

Suggestion: *EUS-FNA was diagnostic and suspicious in 20 and 40% of the lesions measuring up to 10mm, and in 30 and 60% of the lesions measuring from 11 to 30 mm[25].*
The expression was somewhat misleading. The case number was also few for the lesions less than 10 mm.

Answer - Thank you for your comments. We have changed the text accordingly.
EUS-FNA had an overall diagnostic yield of 40 to 50% for the lesions measuring up to 10 mm, and of 60 to 70% for the lesions measuring from 11 up to 30 mm[25].

5 References and typesetting were corrected

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

Sincerely yours,

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