

Jing Yu Editor-in-Chief

World Journal of Gastroenterology

Dear Editor Jing Yu

Re: "Manuscript NO.: 21633 Recurrent Colorectal Cancer Cases after Endoscopic Resection when Additional Surgery was Recommended"

We thank reviewers for careful reading our manuscript and for giving useful comments. We have taken all the comments into account and are now submitting a revised version of the manuscript.

We hope this revised manuscript now meets the criteria for publication in the World Journal of Gastroenterology.

Sincerely yours,

Yukiko Takatsu • Yosuke Fukunaga • Shunsuke Hamasaki • Atsushi Ogura • Jun Nagata • Toshiya Nagasaki • Takashi Akiyoshi • Tsuyoshi Konishi • Yoshiya Fujimoto • Satoshi Nagayama • Masashi Ueno

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Reply to the Reviewer #1

Comment: In the case report of Takatsu et al. (Eight Recurrent Colorectal Cancer Cases after Endoscopic Resection when Additional Surgical Resection was Recommended) the authors evaluated the type of cancer recurrence after endoscopic resection in 8 CRC patients and whether rescue was possible by salvage operation. The topic is of great clinical importance, as EMR and EMD are widely used endoscopic techniques for removing sessile adenomas or early cancers from the colon. However, these techniques have limitations incl. the experience of the investigator, the use of mucosal stainings etc. I absolutely agree with the main conclusion of the authors, namely for high-risk submucosal invasive CRCs additional surgical resection including lymph node dissection is highly recommended after EMR/EMD, particularly in cases with lymphovascular invasion. Based on the style, the format, the quality of the paper, as well as the use of English language I suggest to accept this well written and well presented case report for publication in WJG.

Response: We wish to express our strong appreciation to the reviewer for insightful comments to our paper. We also agree with this comment, and feel that it would be very important. As you pointed out, we strongly recommended additional surgical resection with lymphadenectomy for high-risk submucosal invasive colorectal cancers after endoscopic resection, particularly in cases with lymphovascular invasion.

Reply to the Reviewer #2

Comment 1: The authors reported eight recurrent colorectal cancer cases after endoscopic resection and evaluated the type of recurrence after ER in colorectal cancer patients. Though the number of cases is small, that was persuasive and helpful for clinical.

Response: Thank you very much for the suggestion of further research. We also believe that World Journal of Gastroenterology represents the perfect platform to share our results with the international surgical community.

We hope that the revised version of our paper is now suitable for publication in the World Journal of Gastroenterology and we look forward to hearing from you at your earliest convenience.