

December 16st, 2015

World Journal of Gastrointestinal Endoscopy, Science Editor

Dear Dr. Fang Fang Ji

ESPS manuscript NO 23351. Entitled “Diagnosis of a submucosal mass at the staple line after rectal cancer resection by endoscopic cutting-mucosa biopsy

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Dear Dr. Fang Fang Ji

We, the authors, are grateful for the reviewers to show a special interest in our manuscript and review it. On behalf of the all authors, I answered questions and revised our manuscript according to the reviewers' suggestions. Your comments are welcomed. We hope that you will consider this revised version suitable for publication in *WJGE*.

Sincerely yours,

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**Answer to Major critique:**

To Associate Editor and reviewer's code 00039350

Question)

1. In figure 2, did you mean to write "hyperechoic"?

Previous version:

Figure 2. Endoscopic ultrasonography showed a well-circumscribed submucosal tumor with a hypo-echoic appearance.

Revised version.

Figure 2. Endoscopic ultrasonography showed a well-circumscribed submucosal tumor with a hyper-echoic appearance.

2. Please provide more details on the technique: knife type, cautery settings, submucosal injection material (there appears to be some infection on the photos), and a brief explanation on how to distinguish unusual lesions from muscularis propria when making an incision.

Previous version

Previsou version

A mucosal incision over the lesion was made with the cutting needle knife technique and revealed a creamy white tissue, which was removed. The wall of the cavity was not resected.

Revised version

A precutting needle knife (KD-10Q-1, Olympus Corp, Tokyo, Japan) and an electrosurgical generator (VIO 300D; ERBE Elektromedizin Ltd, Tübingen, Germany) in endocut mode (effect, 1; duration, 4; interval, 1) were used. A mucosal incision was made over the lesion with the cutting needle knife technique after submucosal injection of saline containing 0.001% epinephrine and 0.004% indigocarmine. A pale, orange nodule covered by fibrotic material was seen in the submucosal tissue stained with the blue dye of the indigocarmine, compatible with the EUS results. The nodule was easily distinguished from the muscularis propria by its color because the muscularis propria is white. The fibrotic tissue above the lesion was incised using biopsy forceps (Radial

Jaw<sup>TM</sup> 4, Boston Scientific Corp, Marlborough, MA), revealing a creamy white material, which was completely removed using the forceps. The wall of the remaining cavity was not resected.

To Associate Editor and reviewer's code02635498

Question)

1. Please use all abbreviations at first used area.

Answer)

I changed all abbreviations (GIST, NET, CT, EUS) and wrote down at first used area.

2. In figure legends 3, Unenhanced and intravenous contrast enhanced computed tomography scans of the abdomen show a slightly hyperdense mass in the rectal wall without contract enhancement (white arrow). Could be more appropriate.

Previous version

Plain and enhanced computed tomography scans of the abdomen show a mass in the rectal wall without contract enhancement (white arrow).

Revised version

Un-enhanced and intravenous contrast-enhanced computed tomography scans of the abdomen show a slightly hyperdense mass in the rectal wall without contract enhancement (white arrow).