

April 27, 2016

Fang-Fang Ji

Science Editor, Editorial Office

Baishideng Publishing Group Inc

ESPS Manuscript NO: 25946: Management of gastric subepithelial tumors: The role of endoscopy

Dear Editor,

I would like to thank the editor and reviewers of the 'World Journal of Gastrointestinal Endoscopy' for taking their time to review my article. Reviewer's comments were very helpful for us to correct and revise our manuscript. All changes we made are summarized below:

**#Editorial comment**

**1. Please offer the signed pdf file. Thank you!**

**Answer:** As you recommended above, we are willing to offer the signed PDF file at ESPS. Thank you very much for your careful concern.

**2. Please offer the audio core tip, the requirement are as follows: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:**

**Answer:** As you recommended above, we are willing to offer the audio core tip at ESPS. Thank you very much for your careful concern.

#### **#Reviewer comment**

**The authors focused on newly developed endoscopic treatments for gastric subepithelial tumor (SET) in this review article. Although this manuscript is important for the further endoscopic treatments with/without laparoscopic surgery in patients with gastric SET, there is a comment. Comments Laparoscopic and endoscopic cooperative surgery (LECS) is one of the representative approaches for full-thickness resection. To date, several investigators have developed new endoscopic treatments with laparoscopic surgery for full-thickness resection, such as Combination of Laparoscopic and Endoscopic Approaches to Neoplasia with Non-Exposure Technique (CLEAN-NET) and Non-exposed Endoscopic Wall-inversion Surgery (NEWS). These new approaches should be indicated in this review article.**

**Answer:** We appreciate your pointing out. As suggested by you, we have indicate novel endoscopic treatments with laparoscopic surgery for full-thickness resection (CLEAN-NET and NEWS). We have revised contents in the section and summarization as below (Page 10, line 22 ~ Page 11, line 15; Page 12, line 15-17; Table 3).

*Some researchers have developed new combinations of endoscopic and laparoscopic treatments for full-thickness resection. A combination of laparoscopic and endoscopic approaches to neoplasia using the non-exposure technique (CLEAN-NET) and non-exposed endoscopic wall-inversion surgery (NEWS) were developed to avoid malignant tumor dissemination during full-thickness resection [35, 36]. The CLEAN-NET procedure involves mucosal marks made during endoscopy and four full-layer stay sutures to fix the mucosal layer to the seromuscular layer. Following submucosal injection of solution, the seromuscular layer is dissected using a laparoscopic electrocautery knife. Then, the full-layer specimen is lifted and dissected using a laparoscopic linear stapler. The CLEAN-NET procedure results in no transluminal communication; therefore, it reduces the risk of potential malignant seeding. However, CLEAN-NET has limitations, such as risk of a mucosal tear, and it is difficult to determine the incision line [35, 37-39]. The NEWS procedure is performed as follows. A laparoscopic seromuscular dissection is performed after endoscopic submucosal injection. Then, the seromuscular layer is closed with a laparoscopic suture and the dissected portion is inverted to the luminal side. A circumferential mucosal incision and mucosal layer dissection*

*are made using the ESD technique. The NEWS procedure has various benefits. Similar to CLEAN-NET, the NEWS procedure avoids potential cancer seeding into the peritoneal cavity. Also, it ensures an accurate resection line. The disadvantages of the NEWS procedure are that it is time-consuming and tumor size is limited [5, 36, 38-40]. The CLEAN-NET and NEWS procedure are effective novel hybrid techniques. However, these methods are rarely applied to treat gastric subepithelial tumors (SETs). Therefore, further studies of these methods are needed for application to gastric SET treatment.*

*In addition, novel hybrid techniques (CLEAN-NET and NEWS) avoid exposing malignant SETs to the peritoneal cavity.*

I would like to confirm again that there is nothing to be declared and all authors have approved the revised manuscript. I hope that our revised manuscript will better meet the requirement of the 'World Journal of Gastrointestinal Endoscopy' for publication. And I thank you for valuable comments by reviewers.

Sincerely,

Kyoung Oh Kim

MD, PhD. Associate Professor

Division of Gastroenterology, Department of Internal Medicine,

Gachon University, Gil Medical Center, Incheon, Korea

21, Namdong-daero 774beon-gil, Namdong-gu, Incheon, Korea.