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Lian-Sheng Ma  
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Manuscript # 34471: “**Management of gastric mucosa-associated lymphoid tissue (MALT) lymphoma in patients with extra copies of the *MALT1* gene**” by Iwamuro et al. (Number ID: 00070922).

Dear Dr. Ma:

We would like to resubmit our revised manuscript for consideration for publication in *World Journal of Gastroenterology*. We have carefully considered all of the comments of the reviewers and addressed the reviewers' concerns as thoroughly as possible. Point-by-point responses to the comments of the reviewers are given below. We hope you will find our revised manuscript suitable for publication in *World Journal of Gastroenterology*. Thank you for your consideration.

Sincerely yours,

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Manuscript #34471: “**Management of gastric mucosa-associated lymphoid tissue (MALT) lymphoma in patients with extra copies of the *MALT1* gene**”

Point-by-Point Responses to the Reviewers' Comments

Reviewer #1

Reviewer report Manuscript title: “Clinical features of gastric mucosa-associated lymphoid tissue (MALT) lymphoma in patients with extra copies of MALT1” In this multi-centered, retrospective study, the authors reviewed 146 patients with MALT lymphoma in the stomach who underwent fluorescence in situ hybridization analysis for t(11;18) translocation. Patients with gastric MALT lymphoma without t(11;18) translocation or extra copies of MALT1 or those with extra copies of MALT1 showed similar clinical characteristics and responded to *Helicobacter pylori* eradication. The study is well designed and the findings are significant.

**Response:** We thank the reviewer for taking the time to review our manuscript.

Reviewer #2

This is an interesting well-designed multi center study on the role of MALT1 in MALT lymphoma. The conclusion can be supported by the results. It can add something interest to current knowledge. However minor revision are needed.

The title should be modified to "management of gastric mucosa-associated lymphoid tissue (MALT) lymphoma in patients with extra copies of MALT1".

**Response:** We thank the reviewer for this valuable suggestion. We have changed the title of our manuscript accordingly.

The Figure 2 is not so clear and thus has to be modified in more suitable graphic version.

**Response:** We apologize that we cannot replace the images shown in Figure 2. We can use only endoscopic pictures taken at our institution because the use of patient information from other institutions was not approved by the IRB for this study. Therefore, we have removed the endoscopic images.

Being a retrospective study the conclusion should be more cautious and a call to further studies should be advocated to give definitive conclusion.

**Response:** We have added a description regarding the requirement for further prospective studies. In addition, we have added text to the Conclusion section to avoid providing definitive conclusions.

Reviewer #3

This new manuscript has been carefully reviewed. There are some minor questions that are listed below:

1) INTRODUCTION: Prior to “The purpose of this study”, authors should state their hypothesis.

**Response:** We thank the reviewer for this valuable suggestion. We have rewritten several sentences in the Introduction section and added our hypothesis.

2) RESULTS: paragraph 2. The authors need to specifically state whether the endoscopic appearance was of any benefit in helping to distinguishing the three groups of patients that are being studied in this manuscript.

**Response:** We have added commentary on differences in macroscopic morphologies between the three groups to the revised Results section.

3) In RESULTS, it was not entirely clear whether eradication of *H. pylori* was confirmed in all of the antibiotic treated patients. How was the presence of *H. pylori* excluded in the patients in Group B?

**Response:** *H. pylori* infection status was examined by urea breath tests, rapid urease tests, microscopic observations or culture tests on endoscopically biopsied specimens, stool antigen tests, serum or urine antibody tests, or a combination of these methods. Success of *H. pylori* eradication was confirmed by urea breath tests, rapid urease tests, microscopic observations or culture tests on endoscopically biopsied specimens, or stool antigen tests. This information has been added to the Patients & Methods section. Moreover, the methods used to examine *H. pylori* infection status varied among the different institutions participating in this study. We have added this information to the Discussion section as a limitation of the study.

4) What issues do the authors believe need to be examined in future studies?

**Response:** Because this was a retrospective, multicenter study, treatment strategies for each patient may have varied according to the attending physician's preference and the availability of chemotherapy and/or radiotherapy at each institution. Prospective studies utilizing a uniform protocol are required to definitively compare treatment responses and prognosis in each group. We have added text to the Discussion section to clarify this issue.