

To: The Editor, *World Journal of Gastrointestinal Endoscopy*

Dear Sir:

Thank you for considering our manuscript NO: 3600 entitled "Gastric calcifying fibrous tumor eradicated by endoscopic submucosal resection". We have responded to the reviewers' comments and criticisms, provided point-by-point responses and have corrected the manuscript accordingly to conform to the requirements of the Editorial Office. Regarding the reviewers' comments, please see the attached sheets.

We hope that our manuscript will now be deemed acceptable for publication in the *World Journal of Gastrointestinal Endoscopy*. Thank you in advance for your time and attention.

Sincerely,

A handwritten signature in black ink, reading "Naotaka Ogasawara". The script is cursive and fluid, with the first name "Naotaka" and last name "Ogasawara" clearly distinguishable.

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**Referee(s)' Comments to Author:****Reviewer: 00069469****Comment to Author**

This is a case report of a gastric calcifying fibrous tumour that was diagnosed after endoscopic submucosal dissection (ESD). Major comments: How does this case report add to current practice? It is accepted practice to resect a submucosal polyp less than 2 cm in size endoscopically for a definitive diagnosis. This is what was done in this case and the only thing that is unusual is the pathological diagnosis.

**Response to Reviewer: 00069469**

Biopsy specimen obtained from SMT did not include the content of the SMT and did not pathologically reach to the definitive diagnosis of the SMT. We also thought EMR procedure would have the possibility to leave a small part of the SMT. EMR procedure was considered difficult to completely resect the SMT. Therefore, we chose ESD procedure for removing the SMT. SMT was removed by ESD not EMR to avoid the retention of SMT and comprehensively diagnose the SMT. According to the reviewer's suggestion, we added these sentences below in the Case Report section.

A biopsy specimen obtained from SMT also did not include the tumor contents and a definitive pathological diagnosis of the tumor could not be achieved.

To completely resect the SMT using only endoscopic mucosal resection (EMR)

was considered very difficult. Therefore, SMT was removed by ESD and not EMR to avoid SMT retention and comprehensively diagnose the SMT (Figure 1C and D).

#### **Comment to Author**

The authors' title claims that the tumour is eradicated after ESD. According to some reports as mentioned in the discussion, they can locally recur. Can this tumour recur in the stomach? Tumours are not eradicated but removed/resected and this may be a better description.

#### **Response to Reviewer: 00069469**

To our knowledge, we have no information of recurrent CFT in stomach. According to the reviewer's suggestion, we came to know that "eradicated" in the title is not suitable. We changed the "eradicated" to "removed" in the title. I suppose I should thank you for your suggestion.

#### **Comment to Author**

The title is that of endoscopic submucosal resection but the authors mention ESD in the rest of the text. They should be consistent and stick to one terminology.

#### **Response to Reviewer: 00069469**

We are sorry, but we are afraid that we simply mistyped the title. "resection"

in the title is incorrect and “dissection” is correct. According to the reviewer’s suggestion, we corrected the title.

#### **Comment to Author**

In retrospect, are there any specific features of this tumour that could be detected by EUS? For example does calcification narrow down the differential diagnoses? ·

#### **Response to Reviewer: 00069469**

To our knowledge, there was no report related with specific features of CFT detected by EUS. As the reviewer mentioned, the calcification indicated by EUS is considered one of the useful features for detecting CFT and narrowing down the differential diagnoses of SMTs. Our manuscript may be the first report related with the calcification of the CFT detected by EUS. Therefore, our report is extremely informative for gastrointestinal endoscopists all over the world in their further examinations. We added these sentences below in the Discussion section.

However, the calcification detected by EUS in the SMT is uncommon among neuroendocrine cell tumors.

The calcification indicated by EUS is considered a useful feature for detecting CFTs and for narrowing down the differential diagnoses of SMTs. We believe that this manuscript is the first report to describe a calcified gastric CFT

detected by EUS.

#### **Comment to Author**

Why was an endoscopy done as part of routine health screening in a healthy asymptomatic 37 year old?

#### **Response to Reviewer: 00069469**

Our patient had no abdominal symptom, but she requested to undergo a screening upper gastrointestinal endoscopy to detect gastric malignancies. She had been worrying about gastric cancer and *H. pylori* infection because she got information of gastric cancer related with *H. pylori* infection by watching news on television (TV). However, her motive is not informative for our manuscript. Therefore, we omitted these sentences. We will describe her motive of undergoing a screening upper gastrointestinal endoscopy when the reviewer recommend.

**Referee(s)' Comments to Author:****Reviewer: 00503824****Comment to Author**

The calcifying fibrous tumors (CFTs) rarely occur in stomach, this case report can enrich our knowledge about CFTs. But it should be minor revised especially in English grammar and terminology before it would be published in ESPS:

1. It should be read by an English-speaker, because it lost a lot of articles in the paper.

**Response to Reviewer: 00503824**

A native English-speaker who belongs to an English-rewriting company "FORTE Science Communications" read our manuscript and he appropriately corrected our manuscript before our initial submission for *World Journal of Gastrointestinal Endoscopy*. Therefore, we believe English grammar and terminology in our manuscript will reach to sufficient quality required for publishing in *World Journal of Gastrointestinal Endoscopy*. However, according to reviewer's suggestion, a native English-speaker who belongs to an English-rewriting company "FORTE Science Communications" read our manuscript and he appropriately corrected our manuscript, again. We attached the certificate which proved that our manuscript was completely edited by a native English-speaker.

**Comment to Author**

2. In the title, the last word should be "dissection", because "ESD" or "EMR" is recognized precedent, it should not be optional changed.

**Response to Reviewer: 00503824**

We are sorry, but we are afraid that we simply mistyped the title. "resection" in the title is incorrect and "dissection" is correct. According to the reviewer's suggestion, we corrected the title.