

Reply to editorial office and reviewers

Reply to editorial office

Answer

We are truly grateful to yours and other reviewers' critical comments and thoughtful suggestions. Based on these comments and suggestions, we have made careful modifications on the original manuscript. All changes made to the text are in red color. In addition, we have consulted native English speakers for paper revision before the submission this time. We hope the new manuscript will meet your journal's standard. Below you will find our point-by-point responses to the reviewers' comments.

Reply to reviewers

Review 1

The authors have made an interesting consensus on the digestive endoscopic tunnel technique. This consensus give the clinicians a very detail guideline for this technique. It's very important and useful. No comments.

Answer

Very appreciate it that you are interested in our manuscript. Thanks for your approval.

Review 2

Very interesting and detailed consensus on the digestive endoscopic tunnel technique. Only the references should be updated.

Answer

Very appreciate your comments. We have updated the references as you recommended.

Reviewer 3

Excellent consensus on digestive endoscopic tunnel technique. Those years, it became possible to solve some surgical problems using digestive endoscopy. The advantages of digestive endoscopic tunnel techniqueover conventional surgery mainly lie in minimal invasion, lower cost, and shorter relief period. In this consensus, the digestive endoscopic tunnel technique was well defined and described. This consensus will be a good guideline to the clinicians for using this technique. The figures and tables are informative. The manuscript is well written. No sepcial comments.

Congratulations!

Answer

We are very grateful for your approval.

Review 4

This is a consensus review on endoscopic tunnel technique, carried out by a international alliance. The idea seems appropriate because this technique is gaining ground for the treatment of some GI wall pathologies. Main comments: My main concern is about methodology for achieving consensus and grading the evidence. – 1.The methodology for consensus is not described. Was it a Delphi process or a nominal group technique? The latter is more appropriate when a few experts are participating, but for a huge group as the one described in the article a Delphi process seems more practical. 2.We also do not know the proportion of agreement on every statement, which gives the reader an idea of the existent controversy on each topic. – 3.How were the statements selected?. It does not seem that a PICO strategy was used. – 4.Was a systematic review of the literature

performed?. A systematic search strategy is not described. – 5. Grading the evidence is an issue in every review. Here, a grading system is described, but no bibliographic reference is provided. Only a general reference to “evidence-based medicine”. Since this is a review on a new technology GRADE recommendations should be followed (<http://www.gradeworkinggroup.org>). – Moreover, some of the evidence grading seems to be against the description on table 1 and 2. For instance, in point 4 (“Single-tunnel ESTD and multi-tunnel ESTD”) level of evidence is stated as II. However following references, it does not seem to be any RCT but two cases reports and two case series. Therefore, this evidence should be graded as V. – 6. Finally, participants’ affiliations should be described in detail. There is not the same experience in Western than in Asian countries, and many references are from local journals. In this kind of reviews a strong methods section is mandatory. All this issues can be managed following the ESGE’s recommendations for guideline development (Endoscopy 2012;44:626-9). Minor comments: - The structure of the manuscript is difficult to follow. The end introduction section is difficult to identify. All section headings should be in bold letters to be better identified.

Answer

1. The methodology for consensus is not described. Was it a Delphi process or a nominal group technique? The latter is more appropriate when a few experts are participating, but for a huge group as the one described in the article a Delphi process seems more practical.

Answer

Thanks for your effort to improve the quality of our manuscript. We appreciate it that you gave us so valuable comments. We have carefully revised our manuscript as you suggested, and we hope the revised manuscript is satisfactory.

In fact, our consensus was truly designed following Delphi process. We have made questionnaires to all participants both domestic and foreign in two rounds. We are so sorry that we have not mentioned it in our original manuscript. We have added it. Thank you.

2. We also do not know the proportion of agreement on every statement, which gives the reader an idea of the existent controversy on each topic.

Answer

Thanks for your kindly suggestions. We have carefully read the article you mentioned named “European Society of Gastrointestinal Endoscopy (ESGE) Guideline Development Policy” and many guidelines and consensus in Europe, Japan and China.¹⁻⁴ We just found that most guidelines and consensus did not provide the proportion of agreement. We wonder if it is necessary. Therefore, we would better not add the proportion. If you think it is needed, we will add the proportion as you suggested.

3. How were the statements selected? It does not seem that a PICO strategy was used.

Answer

We are so sorry that we did not make a detail description in our manuscript. A systematic review was do to identify areas where there is uncertainty in management and to clinical questions, structured by population, intervention, comparator, and outcome (PICO) in our study. Population: for example the indication of single/double tunnel ESTD, indication of STER. Intervention, for example, Ling classification of AC before POEM to guide surgery. Comparetor, eg, ESD vs ESTD , single-tunnel ESTD vs double-tunnel ESTD. Outcomes, eg, en bloc resection rate of ESTD.

However, our consensus is aimed at a new technique, not a type of disease. Therefore, we paid much attention to the procedures of DETT. Our intention is to standardize the indications, the pre-operative treatment, the procedures and the post-operative treatment of DETT. On the basis of PICO, our consensus made a slight difference to emphasize the procedure.

4. Was a systematic review of the literature performed? A systematic search strategy is not described

Answer

Thank you for your reminder. We are sorry that we forgot to describe it. We have done a systematic review to make a better knowledge of DETT and to develop key questions. We have added the statement in our manuscript.

5. Grading the evidence is an issue in every review. Here, a grading system is described, but no bibliographic reference is provided. Only a general reference to "evidence-based medicine". Since this is a review on a new technology GRADE recommendations should be followed (<http://www.gradeworkinggroup.org>). - Moreover, some of the evidence grading seems to be against the description on table 1 and 2. For instance, in point 4 ("Single-tunnel ESTD and multi-tunnel ESTD") level of evidence is stated as II. However following references, it does not seem to be any RCT but two cases reports and two case series. Therefore, this evidence should be graded as V.

Answer

The grading of the quality of the evidence was according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system and the strength of the recommendation according to Japanese guideline standard.

The strength of recommendation was not changed as you suggested because when these experts voted, they just obey Japanese guideline standard. And, the Japanese guideline standard seems more detailed than GRADE system.

6. Finally, participants' affiliations should be described in detail. There is not the same experience in Western than in Asian countries, and many references are from local journals. In this kind of reviews a strong methods section is mandatory.

Answer

Thank you very much. We have added the participants' affiliations have been added in "Introduction" part of the manuscript. We have described that "The International DETT Alliance (IDETTA) is a non-official technical association composed of 48 endoscopy experts majoring in DETT method from China-mainland, China-Hongkong, USA and Korea."

As you said, there are more doctors in Asian countries devoting in DETT than in other countries. DETT mainly include ESTD, POEM, and STER. POEM is well-done no matter in eastern or western countries. However, ESTD and STER are more popular in Asian countries, especially in China. Therefore, many references are from local journals. We draft this consensus aiming to let DETT well known to not only east but also west. DETT is a very promising technique. We hope more doctors can have a better knowledge of DETT and it can benefit more patients. We hope this consensus can achieve our dream.

7. All this issues can be managed following the ESGE's recommendations for guideline development (Endoscopy 2012;44:626-9).

Answer

Very appreciate your suggestions. It is very helpful for the improvement of our manuscript. We have carefully studied the article you mentioned. Since there is no consensus writing standard, we think the ESGE's recommendations are excellent. We have corrected our description and added some details you mentioned. Thanks a lot.

8. Minor comments: - The structure of the manuscript is difficult to follow. The end introduction section is difficult to identify. All section headings should be in bold letters to be better identified.

Answer

Thank for your recommendation. We have corrected as you suggested. Thank you.

1. Tanaka S, Kashida H, Saito Y, et al. JGES guidelines for colorectal endoscopic submucosal dissection/endoscopic mucosal resection. *Dig Endosc* 2015;27:417-34.
2. Ono H, Yao K, Fujishiro M, et al. Guidelines for endoscopic submucosal dissection and endoscopic mucosal resection for early gastric cancer. *Dig Endosc* 2016;28:3-15.
3. Fernandez-Esparrach G, Calderon A, de la Pena J, et al. Endoscopic submucosal dissection. *Endoscopy* 2014;46:361-70.
4. Gao J, Fan RF, Yang JY, et al. Radiofrequency ablation for hepatic hemangiomas: A consensus from a Chinese panel of experts. *World J Gastroenterol* 2017;23:7077-7086.