

Editorial office of *World Journal of Gastrointestinal Oncology*

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Manuscript ID: 41705 R1

Journal: *World Journal of Gastrointestinal Oncology*

Type: Review

Title: Laparoscopic and endoscopic cooperative surgery for gastric tumors:
Perspective for actual practice and oncological benefits

Corresponding author: Tomohide Hori, PhD., MD., FACS.

Thank you for your valuable suggestions.

According to reviewers' comments, we revised our initial manuscript.

Please review our revised manuscript.

We prepared **Marked revised manuscript** and **Clear version**. In the marked version, additional mentions are **in Red**, and deleted sentences are shown **in Red with strikethrough**.

Also, this summary of responses (**Point-by-point responses**) was separately made.

Ethical approval and informed consent: We attached the statement for ethical approval and informed consent with this letter.

Financial disclosure and conflict of interest: We attached the statement for financial disclosure and conflict of interest with this letter.

English language: Manuscript (Main body and Figure) was checked by English consultant (edanz editing, ordering ID: J1808-120277-Aisu). I attached a Certificate for English language, with this letter.

Signed form of Copyright License Agreement: I attached a signed form with this letter.

If you have any questions, please do not hesitate to contact me by e-mail.
We wait for your decision.

Sincerely yours,

Tomohide Hori, PhD., MD., FACS.

Editorial Board member of *World Journal of Gastrointestinal Oncology*

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公益財団法人

天理よろづ相談所病院『憩の家』

April/25/2018

Tenriyorodusoudanjyo Hospital, Tenri, Japan

Statements

Title: Laparoscopic and endoscopic cooperative surgery for gastric tumors: Perspective for actual practice and oncological benefits

The first author: Tomohide Hori, PhD., MD., FACS.

Ethical approval: The report has been approved by the Institutional Review Board of Tenriyorodusoudanjyo Hospital and performed in accordance with the Declaration of Helsinki.

Informed consent: Patient involved in this report provided his/her written informed consent authorizing the use and disclosure of his/her protected health information.

Financial disclosure: None of the authors received financial support for this review.

Conflict of interest: None of the authors has any conflicts of interest to disclose.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tomohide

2. Surname (Last Name)
Hori

3. Date
11-July-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Laparoscopic and endoscopic cooperative surgery for gastric tumors: Perspective for actual practice and oncological benefits

6. Manuscript Identifying Number (if you know it)
03475120

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Hori has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



Certificate of English Editing

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About the manuscript:

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