## Comments

[Manuscript NO: 58627] Lee TG et al.

Endoscopic radial incision and cutting technique for treatment-naïve stricture of colorectal anastomosis: A two-case series

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Editor-in-Chief

*World Journal of Gastrointestinal Surgery*

Dear Editor:

We wish to re-submit the manuscript titled “Endoscopic radial incision and cutting technique for treatment-naive stricture of colorectal anastomosis: A two-case series.” The manuscript No. is 58627.

I look forward to working with you and the reviewers to move this manuscript closer to publication in the *World Journal of Gastrointestinal Surgery*.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions. The responses to all comments have been prepared and attached herewith.

Sincerely,

Soon Man Yoon, M.D., PhD.

The authors suggested that RIC of the novel approach to colorectal anastomotic stenosis may be a first choice over other therapies in particular cases. Methodology was based on previous reports and would be good. Follow up period was enough to confirm that the procedure was successful in both cases. Case presentations were good overall. They also reviewed various treatment options for colorectal anastomotic stenosis in detail, both surgical and endoscopic. However, I do not think the authors could reach the conclusion of this article from only these two cases.

There were several conserns as follows.

Major

1. At the beginning of the Conclusion section on page 12, you mentioned ‘this is the first report that the endoscopic RIC using a single radial incision and single session is the successful management for treatment-naïve AS.’ Whereas, your idea of applying RIC as a first choice treatment for these two cases might have been obtained from prior five successful cases (page 12, line4). These two sentences were mutually inconsistent.

Aug. 15, 2020 Reviewer’s Code: 03529802 HARADA, Keita

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Ans) Thank for your comment. Prior conclusion means that the emphasis was on endoscopic RIC with sigle incision and single session for only treatment naïve AS. Previous report that RIC used multiple incision or combined with balloon dilatation and patients included refratory and treatment naïve AS. The report by Kawaguti et al. do not describe the details of the endoscopic RIC procedure, but we can guess at least two incisions were used, look at the attached video clip. The report by Asatama et al. show that RIC used 4 directional incision and 1 patient need additional RIC session because of recurrent RIC. Even though the number of radial incision is not important, we emphasized that endoscopic RIC using single incision enough to success procedure for AS.

I made a mistake later sentence including our 2 cases, so this sentence change into "Three of 14 patients were treatemnt naïve AS, all patients treated with endoscopic RIC. However, 1 patient needed addtioal session for recurrecnt AS"

Correct) This report show that the endoscopic RIC using a single radial incision and single session is the successful management for the treatment-naïve AS (On page 12, line 24-25)

Three of 14 patients were treatemnt naïve AS, all patients treated with endoscopic RIC. However, 1 patient needed addtioal sessions for recurrecnt AS after endoscopic RIC (On page 12, line 4-6)

2. One of the reasons that many past papers have indicated RIC applyed to refractory cases was that most colorectal anastomotic stenosis was sufficiently treated by single or a few sessions of endoscopic ballon dilation which is with ease and safety. The two cases in this report could also have been successfully treated by balloon dilation alone. How do you consider about this issue when you say RIC should be the first choice for these cases?

Ans) I agree with your opinion. I think that patients may be more likely to endure repetitive procedures because endoscopic balloon dilatation has more re-stenosis rate than endoscopic RIC. Most reports about endoscopic RIC focused on refractory stenosis. However, endoscopic RIC for treatment naïve AS is more effective than endoscpic balloon dilatation enven though balloon dilatation has more convinent, easy, and safe than surgical methods such as re-anastomosis, and stricturoplasty. Araugo and Costa (Surg Laparosc Endosc Percutan Tech., 2008) showed that success rate of the endoscopic balloon dilatation with single session for treatment naïve AS was 27.3%. According to your comment, there may have risk of hasty generalization from just two cases. Therfore, I will correct the sentence and descrive the limitation in the conclusion.

Correct) The endoscopic RIC may play a role as one of treatment options for treatment-naïve AS with short stenotic lengths. (On page 3, line 24-25).

The endoscopic RIC procedure may play a role as one of treatment options for treatment-naïve, central-type AS with short stenotic lengths and for AS confined to the mucosa and submucosa. (On page 4, line 6-8)

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we report that using single session of the endoscopic RIC alone with a single radial incision may be effective the treatment option for two patients who presented with treatment-naïve AS after colorectal anastomosis. (On page 6, line 1)

3. This article was merely two successful cases report drawing on past successful examples. We cannot conclude wheter RIC should be the first choise or which case was suitable for RIC without analizing success rates from a randomized controlled study comparing with other treatment options.

Ans) I am willing to reflecting your point of view, I will describe limitation of our report and the need for further research in the discussion.

Correct) Due to the limitations of two cases study, large-scale clinical trials are needed to prove the feasibility, and safety of the endoscopic RIC. We believe that future studies will reveal endoscopic RIC may be considered one of the treatment options for treatment-naïve patients with a central type of AS, short lengths of AS, and AS that is confined to the mucosa and submucosa. (On page 7, line 26 – page8, line2)

Minor

1. On page 10, line 13 of the Discussion section, please add complecation rate (from x% to y%) of endoscopic or instrumental dilatation.

   Ans) The complication rate of endoscopic or instrumental dilatation were added in text

   Correct) which are higher than complication rates for endoscopic or instrumental dilatation (from 0% to 3%) (On page 10, line 13-14)

2. On page 10, 2nd. line from the bottom, please add the reference number (13) after the sentence 'Asayama et al. performed endoscopic RIC for AS of the transverse colon and sigmoid colon.'

   Ans) I add the reference number as your comment

   Correct) Asayama et al. performed endoscopic RIC for AS of the transverse colon and sigmoid colon[13] (On page10, line 28)

3. On page 5, line 13 of the Introduction section, the reference number of Garcea's paper is 16, not 14.

   Ans) Thank for your point. I changed the reference number.

   Correct) Garcea et al. reported that balloon dilatation is occasionally necessary to perform repeated dilation combined with electrocautery resection to maintain normal bowel function[16]. (On page 5, line 14)

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Point-to-point response for second-round review

Specific Comments To Authors:

The paper is better and easier to understand with the revision. You were particular about single incision in revised comment. However, I do not understand why you emphasized the single incision was better than two or more incisions. I understood your suggestion that single incision may be sufficient for a successful procedure from these two cases, but I do not think multiple incisions can make the procedure much longer or more dangerous. If you will still describe the priority of single incision, you should clarify what is the advantage over multiple incisions in the discussion section. In your response for the previous my comment #3, I would rather recommend you to mention that 'Due to the limitations of two cases study, large-scale clinical trials are needed to prove the feasibility, efficacy and safety of the endoscopic RIC as an initial treatment for such patients.' I agree with your other response comments.

Reponse

Thanks a lot of your comment and advices. I fully agree with your comments on whether single incision is important or not. I think that successful treatment for AS was achieved with a single session RIC rather than a single incision. I will modify the manuscript according to your comment including your comment about #3. Correct) Here, we report the use of endoscopic RIC alone with single session for two patients who presented with treatment-naïve anastomotic stenosis (AS) after colorectal anastomosis. (On page 4, line 11-13) Here, we report that using single session of the endoscopic RIC alone may be effective the treatment option for two patients who presented with treatment-naïve AS after colorectal anastomosis. (On page 5, line14-17) This report shows that the endoscopic RIC with single session is the successful management for treatment-naïve AS. (On page 11, line 14-15) Due to the limitations of two cases study, large-scale clinical trials are needed to prove the feasibility, efficacy and safety of the endoscopic RIC as an initial treatment for such patients. (On page 11, line 16-18) Audio-Core-Tip-revision file change into Audio core tip re-revisio (Audio mp3 file) Question) I cannot upload audio files because only one file can be uploaded. Is there any way to deliver the audio and answer file to the editor?

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