

Response Letter

September 21, 2020
Dr. Lian-Sheng Ma.
Company Editor-in-Chief
World Journal of Gastroenterology
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Dear Dr. Lian-Sheng Ma

We are grateful to you and reviewers. Thank you very much for your consideration of the possibility to publish our manuscript. Please find enclosed a revised version of our paper, entitled “Endoscopic pancreaticobiliary drainage with overlength stents to prevent delayed perforation after endoscopic papillectomy: A pilot study”, which we are pleased to resubmit to World Journal of Gastroenterology for publication.

We appreciate the reviewers’ comments and suggestions and have carefully revised the text using track changes accordingly. Point by point responses to the reviewers’ comments are listed as follows:

Specific responses to referees’ comments:

1. First of all, the indication of EP should be mentioned. Some cases showed non-neoplastic lesions in the final pathological diagnosis. Preoperative biopsy also showed non-neoplastic lesions. Moreover, inclusion criteria included “the lesions of duodenal major papilla, regardless of benign or malignant”. Malignant lesions were the indication of EP in your institution?

Answer: Thank you for your comment. We have improved our text in the Patients section (page 7, paragraph 2) by adding the indication of EP. We have also mentioned the indications of EP in the Introduction section of the manuscript previously: “The indications for endoscopic resection have not been fully established, and endoscopic procedures have not been standardized. The main criteria for EP include the lesion size less than 5 cm, absence of extension into the biliary or pancreatic duct, no invasion of the duodenal muscular layer and no evidence of malignancy in endoscopic findings, such as ulceration, spontaneous bleeding and friability[2, 3]. However, with the application of techniques such as endoscopic piecemeal resection and balloon traction, as well as the popularization of the concept of “total biopsy”, more and more larger size, intraductal growth, suspected malignant and even early cancerous papillary lesions can be treated by EP[4-8]”. In general, lesions of duodenal major papilla (regardless of size and laterally spreading component) without muscularis propria invasion, with less than 1 cm intraductal growth and no evidence of invasive malignancy on endoscopic assessment (i.e., ulceration, spontaneous bleeding, hard consistency and friability) were deemed suitable for EP in this study.

2. Please provide the endoscopic images of exposure or injury of muscularis propria in

all 5 cases. And, please provide the images without exposure or injury of muscularis propria (other 10 cases?). The definitions of exposure or injury of muscularis propria seems to be vague.

Answer: Thank you for your comment. We have provided endoscopic images of all 5 cases of exposure or injury of muscularis propria and 10 cases of the images without exposure or injury of muscularis propria as suggested. The relevant pictures have been added as Supplementary Material. The exposure or injury of muscularis propria after EP was defined as obvious exposure or even damage of muscle fibrous tissue found in the wound on endoscopic assessment. We have added the sentence to the Patients section (page 7, paragraph 2) to address this issue.

3. Please provide the diagnostic tools of perforation. In all cases, were CT scan performed?

Answer: Thank you for your suggestion. Upper abdominal CT scan was routinely performed in all cases after EP. Delayed perforation was defined as the presence of a transmural defect by emergency gastroscopy or radiographic evidence of free retroperitoneal or intraperitoneal air by CT scan. Several sentences have been added in the Methods section (page 9, paragraph 2) to address this issue.

4. Please provide the product name of ENBD tube.

Answer: Thank you for carefully reading our manuscript. The product name of ENBD tube was ENBD-7-NAG-C (COOK, Ireland). We have added the product name in the Methods (page 9, paragraph 1) to address this issue.

This manuscript has been edited and proofread by a biomedical editing company and further edited by a native-English speaker for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format and general readability during revision.

Once again, we thank reviewers' helpful comments and hope that the revised version of the manuscript is suitable to World Journal of Gastroenterology, and look forward to its publication.

Sincerely,

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