



**北京友谊医院**  
BEIJING FRIENDSHIP HOSPITAL

**Department of General Surgery**

**Zhang Jun, MD**

Professor, Department of General Surgery, Beijing Friendship Hospital

Capital Medical University

2021/03/31

Dear editor

We would like to thank reviewer valuable suggestions. Our manuscript has been revised based on every comment from the reviewers (see the next pages for details). We sincerely hope that the paper is now suitable for publication on *World Journal of Gastrointestinal Oncology*. If you have any questions, please do not hesitate to contact me.

Regards.

**Jie Yin**

Department of General Surgery, Beijing Friendship Hospital, Capital Medical University, 95 Yong-an Road, Xi-Cheng District, Beijing 100050, China

Email: yyyyyj@ccmu.edu.cn

Tel: +86 15011302788

**Jun Zhang**

Department of General Surgery, Beijing Friendship Hospital, Capital Medical University, 95 Yong-an Road, Xi-Cheng District, Beijing 100050, China

Email: zhangjun5986@ccmu.edu.cn

Tel: +86 13811055986

**Comments:**

- (1) **Comment 1:** The authors listed "Guidelines" and "Management" as keywords. However, I think keywords such as "Non-curative resection", "Salvage surgery", and "Function-preserving surgery" (or "Function-preserving gastrectomy") may be better to indicate the points of this paper.

**Reply 1:** We have modified our manuscript based on the suggestion.

**Changes in the text:** we have already revised the manuscript and written in red color.

- (2) **Comment 2:** Page 5, lines 3-4: "Most patients with early gastric cancer (EGC) have no obvious clinical symptoms, and they are already in the advanced stage at the time of diagnosis." This sentence may mislead readers into thinking that most early gastric cancers cannot be detected at an early stage but are diagnosed after they have progressed to advanced cancer. If gastric cancer screening is performed properly, gastric cancer can be detected at an early stage. However, unfortunately, patients are often diagnosed at the stage of advanced gastric cancer if they have not been screened for gastric cancer. Please revise this sentence

**Reply 2:** We have modified our text as advised.

**Changes in the text:** Most patients with early gastric cancer (EGC) have no obvious clinical symptoms, if gastric cancer screening is performed properly, gastric cancer can be detected at an early stage. However, unfortunately, patients are often diagnosed at the stage of advanced gastric cancer due to they have not been screened for gastric cancer.

- (3) **Comment 3:** "So" is a colloquial expression. "Thus" or "Herein" may be better.

**Reply 3:** We have modified our text as advised.

**Changes in the text:** Herein, we aimed to review current ESD indications of EGC in order to better evaluate treatment options.

- (4) **Comment 4:** It seems that the abbreviations "GLOBOCAN" and "NCCRC" are not used in the subsequent main text. Please check if the abbreviations need to be defined. (Please check if other abbreviations in subsequent sections need to be defined as well.)

**Reply 4:** We have modified our text as advised

**Changes in the text:** Global Cancer statistic report of the World Health Organization and the International Agency for Research on Cancer. National Central Cancer Registry of China

(5) **Comment 5:** Page 8, lines 17-18: “At present, endoscopic resection of EGC mainly includes endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD).” The abbreviation “ESD” has already been defined in the previous paragraph. Please check if the authors need to define it again here.

**Reply 5:** We have modified our text as advised.

**Changes in the text:** we have modified ESD as advised and write in red color.

(6) **Comment 6:** Page 8, lines 21: “So, ESD has gradually...”. As I pointed out before, “So” is a colloquial expression and should be avoided in medical paper. Please ask your Editage editor

**Reply 6:** We have modified our text as advised.

**Changes in the text:** Thus, ESD has gradually replaced EMR as the preferred treatment for EGC

(7) **Comment 7:** In Table 2, “SM1 ( < 500µm = ” may be typo. “SM1 ( < 500µm ) ” may be correct.

**Reply 7:** We have modified our text as advised.

**Changes in the text:** SM1 ( < 500µm ) .

(8) **Comment 8:** Page 15, lines 12-13: “In the case of LNM, complete excision can be achieved by ESD again, regardless of positive margin or local recurrence.” This sentence seems to be incorrect.

In the case of LNM, ESD cannot achieve complete excision. A second ESD may be applied for margin positives and local recurrences. Salvage surgery can achieve complete excision. Please revise this sentence.

**Reply 8:** We have modified our text as advised.

**Changes in the text:** In the absence of LNM, complete excision can be achieved by ESD again,

regardless of positive margin or local recurrence.

(9) **Comment 9:** MANAGEMENT AFTER ADDITIONAL SURGERY IN PATIENTS WITH ENDOSCOPIC RESECTION, CURRENT PROBLEMS AND FUTURE PERSPECTIVES. These sections are very well-written. I agree with the authors' description. Page 19, lines 26-27: "Without affecting the radical effect of EGC, minimally invasive surgery can significantly improve the postoperative life quality of patients." This is a key sentence. ESD is certainly a good minimally invasive procedure, but there is early gastric cancer that cannot be cured by ESD. In such cases, minimally invasive, function-preserving surgery that maintains curability plays an important role. (I don't think the authors need to revise anything in these sections.)

**Reply 9:** The reviewer said the authors need to revise anything in these sections.