



February 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6950-review.doc).

Title: Endoscopic features of gastro-intestinal lymphomas: from diagnosis to follow-up

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 English language has been polished

2 Revision has been made according to the suggestions of the reviewer

(1) reviewer 02822873 expressed the following critiques:

- a. manuscript length and focus: manuscript has been shortened and focused on the main topic, i.e. the endoscopic features of GI lymphomas and its clinical implication
- b. number of figures: reduced as suggested
- c. number of references: reduces preferring the most recent papers, but leaving pivotal and essential studies
- d. omission of case reports: as suggested we removed case reports giving consideration without reporting them

(2) as suggested by reviewer 00503107, we improved figure legends

(3) we thank reviewer 0043113 and hope that this manuscript will be of help physicians in the management of GI lymphomas

(4) as suggested by reviewer 00227458 we re-formatted the paper omitting case reports

(5) reviewer 0030962 posed several doubts on the scientific impact of the manuscript:

- a. "I failed to understand how the information provided in this review could really add scientific knowledge in such a field" This is not a research article but a review that focuses on the state of the art of the role of endoscopy in the management of gastric lymphomas giving an outline on the current management of GI lymphomas. In any case novel applications of endoscopy are discussed.
- b. "For example, the Authors mainly refers to an endoscopic classification of lymphoma published on 2003 (ref. 31) instead of the updated classification proposed on 2010 (ref. 22)." The old classification of endoscopic pattern of gastric lymphomas in 2003 (Ahmad et al. , 2003) would have been replaced by a most recent (Zullo et al. , 2010- the correct reference was 23 not 22, before the reference shortening; now 19). Noteworthy, the work by Ahmad et al remained a milestone in the management of GI lymphomas for several years with 109 citations (13 from 2013) vs 25 of Zullo et al. paper. However, implementation of this classification system have in effect lead to a more accurate diagnostic approach to GI lymphomas. We then decided to report both classification systems taking into account the valuable contribution of Ahmad et al and the novelty

- proposed by Zullo et al.
- c. " echoendoscopy may have a role just in predicting lymphoma remission following H. pylori eradication, but no in patient management." Actually, one of the novel points that we discuss is a possible role of EUS in the follow-up but we conclude by saying that it is not recommended in clinical practice at least in high grade lymphoma while it could have a role in MALT.
 - d. "H. pylori eradication is the first-line therapy even in stage II1 gastric lymphoma patients." I.e., cases where there is involvement of the I and II layer of the stomach and perigastric nodes. In reality this fall in the early stages, and in fact we say "limited stages of the disease was the major predictor of HP-eradication response."
 - e. "some novel information on management of H. pylori negative low-grade gastric lymphoma patients are lacking, as well as the potential role of H. pylori eradication in either DLBCL or advanced low-grade gastric lymphoma". The present manuscript was not focused on treatment but was drawn in order to make an outline on the endo/echoendo-scopic presentations of GI lymphomas as stated in the introduction section ("The purpose of this review is to analyze the clinical and instrumental characteristics of GI lymphomas (especially endoscopic and echo-endoscopic) ..."). Anyway, oppositely to what stated by this reviewer, we have briefly discussed the role of HP eradication therapy in DLBCL (pag 10 of the manuscript, ref 95,95), however stating that this kind of approach is absolutely not recommended outside clinical trials.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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On behalf of the Authors