Roma 27/12/2021

Dear Editorial Office Director,

Thank you for the opportunity to respond to your e-mailed message.

My collaborators and I are pleased that our manuscript, entitled "EARLY GASTRIC CANCER. A CHALLENGE IN WESTERN COUNTRIES.", has met the requirements for publication in the World Journal of Gastroenterology (Manuscript NO: 72744).

We have read the comments of the two referees with interest.

The manuscript has been reviewed considering the comments in your letter.

In addition, the technical corrections requested have been carried out.

We have responded point by point to the suggestions of reviewers and this is shown below. Where we feel a change would improve the manuscript, this has been done and the change is highlighted in the text.

Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: 1. There are some mistakes about spelling and grammar in the article, so the authors should be more serious. 2. The authors list many references to draw the conclusion that there are differences in diagnosis and treatment in Western Country and Eastern country for early gastric cancer, and some methods may be suitable for Western countries. However, I don't think it is appropriate of the title and the contents for this article. What is the challenge of early gastric cancer? In my view, it should be presented with more reasons. 3. Some references are old, the newer should be prefered.

My co-workers and I thank Reviewer 1 for the compliments on our work.
Spelling and grammar errors have been corrected. The entire publication has been reviewed by an English native speaker (Dr. Neill James Adams).
Regarding the second comment, it is well known that in Japan and South Korea the screening programs make it possible to identify a high percentage of stomach cancer at an early stage. This circumstance is not always possible in Western countries.
Similarly, the endoscopic treatment of some forms of early gastric cancer is not as widespread in the clinical practice of many hospitals in Western countries. Considering these aspects, the title of the editorial seemed appropriate to my co-authors and to me.
The references have been changed.

Reviewer #2:
Scientific Quality: Grade A (Excellent)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (High priority)

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Specific Comments to Authors: The article was written about the comprehensive status of treatment for early gastric cancer. The contents are accurate and the quality is high. From the viewpoint of less-invasive operation, collaborative combination therapy of endoscopic resection and laparoscopic surgery (laparoscopic and endoscopic cooperative surgery: LECS) are gathering attention. Therefore, the quality of the article will increase if indications and results of LECS is mentioned in the section of 'TREATMENT'.

My co-workers and I thank Reviewer 2 for the compliments on our work.
Collaborative endoscopic and laparoscopic treatment has been included in the Treatment section. An innovative procedure called laparoscopic endoscopic cooperative surgery (LECS) that combined the strongest points of interventional endoscopy and laparoscopic surgery for the removal of gastric wall tumors was developed by Hiki et al. In the original procedure of the LECS, stomach wall is opened for resection of the tumor and the lumen is exposed to intraperitoneal space. LECS involves precutting around the tumor with an endoscope and artificial perforation of the gastric wall. Next, excision of the tumor with laparoscopy and repair of the gastric wall with a stapler are performed. The advantage is that there are no limitations on tumor location. However, there is a risk of spillage into the abdominal cavity, and collaboration with a skilled endoscopist is required.
Other techniques such as inverted LECS, laparoscopic endoscopic full thickness resection, clean non exposure technique and non-exposed wall-inversion surgery have been developed to avoid spread of the tumor to the peritoneum. When performed by expert teams they show a lot of promise and achieve solid oncologic results. Use and standardization of these minimally invasive surgical procedures contributes to reduction of unnecessary gastrectomy for gastric submucosal tumors. Most of the clinical experiences are Japanese and the small number of treated cases does not allow a comparison with the longest used endoscopic and surgical techniques.

A new table was included in the text.

(1) Science editor:
This editorial introduces the comprehensive situation of the treatment of early gastric cancer, it is recommended to mention the indications and results of LECs in the "treatment" section, and correct spelling and grammatical errors.
Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade B (Very good)

My co-workers and I thank Science Editor for the compliments on our work.

Collaborative endoscopic and laparoscopic treatment has been included in the Treatment section. An innovative procedure called laparoscopic endoscopic cooperative surgery (LECS) that combined the strongest points of interventional endoscopy and laparoscopic surgery for the removal of gastric wall tumors was developed by Hiki et al. In the original procedure of the LECS, stomach wall is opened for resection of the tumor and the lumen is exposed to intraperitoneal space. LECS involves precutting around the tumor with an endoscope and artificial perforation of the gastric wall. Next, excision of the tumor with laparoscopy and repair of the gastric wall with a stapler are performed. The advantage is that there are no limitations on tumor location. However, there is a risk of spillage into the abdominal cavity, and collaboration with a skilled endoscopist is required. Other techniques such as inverted LECS, laparoscopic endoscopic full thickness resection, clean non exposure technique and non-exposed wall-inversion surgery have been developed to avoid spread of the tumor to the peritoneum. When performed by expert teams they show a lot of promise and achieve solid oncologic results. Use and standardization of these minimally invasive surgical procedures contributes to reduction of unnecessary gastrectomy for gastric submucosal

tumors. Most of the clinical experiences are Japanese and the small number of treated cases does not allow a comparison with the longest used endoscopic and surgical techniques.

A new table was included in the text.

The manuscript was revised in accordance with the suggestions made by the reviewers. The text was revised and corrected by a native English speaker (Dr. Neill James Adams).

(2) Company editor-in-chief:
I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

The tables have been modified in accordance with the recommendations of the Editor in Chief.
A new table was included in the text.
The figures were included in a Power Point file.

Thank You very much for your interest, we look forward to your reply.

Sincerely,

Giuseppe Brisinda