

ANSWERING REVIEWERS



April 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8018-review.doc).

Title: Clinical presentations of gastric small gastrointestinal stromal tumors maybe mimic those of functional dyspepsia

Author: Qingxiang Yu, Zhankun He, Jiang Wang, Chao Sun, Wei Zhao, and Bangmao Wang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8018

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

1 Format has been updated

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

Review 1

The manuscript submitted by Yu et al. addresses an important topic related to GISTs and the symptom severity following removal of the tumor. In general, the manuscript is well written. There are some minor sentence structure issues that should be resolved by the authors when reading through the manuscript. The statistics are sound and the overall methods section is well written.

1) One important component missing is approval for the study by the IRB or a similar organization that oversees clinical trials.

Answer> This study was approval by the medical review ethics committee of Tianjin Medical University, as mentioned in the manuscript (MATERIALS AND METHODS section), "All patients voluntarily offered signed informed consent before ESD, and the study was approved by the medical review ethics committee of Tianjin Medical University."

2) In table 1 the totals for the columns do not add up.

Answer> We apologize for the mistake, and the correction was performed.

Review 2

1) There is not connection between the title and the purpose of the study described in the introduction.

Answer> Thanks for the reviewer's advise. We think it is more appropriate if the title of my manuscript changed to "Clinical presentations of gastric small gastrointestinal stromal tumors maybe mimic those of functional dyspepsia".

Review 3

1) The Authors should introduce in the aim of the manuscript the concept of "questionnaire" used to investigate and compare the gastrointestinal symptoms"?

Answer> A questionnaire is a good way to gather information from a group of people. In this study, a dyspepsia symptom questionnaire are used to investigate and compare the gastrointestinal symptoms. the concept and method of the questionnaire were introduced in the method section.

2) In the Abstract the conclusive statement should be more exhaustive, i.e. the Authors should report the real translational significance of their study into the clinical practice. ?

Answer> We have revised it.

3) The paragraph "Diagnosis" although complete and well written might be shortened by avoiding details, without loss of scientific value. ?

Answer> We have shortened it.

4) The "Discussion" is well written. However, the Authors should focused and better discuss the clinical and diagnostic implications of the present study. In the Discussion section, what mean the sentence "According to the results of our study, GISTs are the most common gastric submucosal lesions, followed by leiomyomas"?

Answer> We have revised the discussion. And the sentence means that GISTs are the most common gastric submucosal lesions, while leiomyomas are the second common gastric submucosal lesions.

5) References should be formatted according to the Journal guidelines?

Answer> We have revised it according to the Journal guidelines.

Review 4

1) For instance in the introduction section your focus is devoted to GISTs but then in the Patients and Methods section you explain that leiomyomas are included and represented as control for GIST. But you do not explain what leiomyomas are and why are they chosen as control group (are similar intragastric distribution and similar locations within the gastric wall (as you wrote) the only explanation and the reason for your choice?). I would expect all necessary data and arguments about the study (including control group) in the introduction section.

Answer> Gastric leiomyomas are originated from smooth muscle cells. Gastric leiomyomas and GISTs are submucosal tumors. We chose the gastric leiomyomas as control group to explore whether other submucosal lesions would cause some dyspepsia symptoms. We have added it to the introduction section.

2) You wrote: "This study was designed to assess the change in symptoms before and after endoscopic submucosal dissection (ESD) among gastric small GIST patients using a questionnaire and to determine whether there would be a physiological alteration in gut peristalsis resulting from neoplastic transformation of the ICCs. In addition, the endosonographic features of gastric small GISTs were investigated." In your manuscript I haven't noticed data or results about a physiological alteration in the gut peristalsis. Could you explain the test you used to determine the gut peristalsis. In the abstract you wrote: "The aim of the study was to explore whether the normal gastric myoelectrical activity would be disturbed by these tumors resulting in gastrointestinal symptoms." How did you measure or determine the gastric myoelectrical activity?

Answer> In this manuscript, the aim of the study was to explore whether gastric small GIST-- the neoplastic transformation of the ICCs would result in gastrointestinal dyspepsia symptoms. As our results, the symptoms of gastric small GIST may mimic those of functional dyspepsia. We suggest that some functional dyspepsia patients' symptoms may have been the result of functional alteration of gut peristalsis or gastric myoelectrical activity due to the increased number of ICC cells in a slow growing GIST, even when the tumor is significantly small and thus difficult to detect on routine investigations. We apologize for the mistake, and the correction was performed.

3) In the discussion there are a lot of interesting data from the literature but very few from your study. I would suggest that you include your results appropriately and more clearly in the discussion. I would also encourage the authors to clearly outline the most important arguments and results in their manuscript and to clearly answer the aims they stated in the introduction section.

Answer> We tried to follow this reviewer's suggestions to revise the discussion.

Review 5

1) Paper needs to supplement some histopathological images showing gastric submucosal lesions, gastrointestinal stromal tumors, and gastric leiomyomas. The score system of pathological diagnoses of the gastric submucosal lesions should be detailed in the methods. In the methods, paper described "Immunohistochemical analyses for CD117, CD34, SMA, desmin, S-100 and DOG-1 were performed to determine the pathological diagnosis." These immunohistochemistry should be presented in the paper.

Answer> We thank for and agree with this reviewer's advise. The aim of the study was to explore whether gastric small GIST-- the neoplastic transformation of the ICCs would result in gastrointestinal dyspepsia symptoms. Due to the limited length of the manuscript, so these specific details are not presented in the paper.

2) Statistical analyses should be improved, for instance, using the χ^2 test or Fisher's exact test to distribution of gastrointestinal symptoms and the number of patients in Table 1. I am wondering if the paper can combine endosonographic characteristics (scores), pathological diagnosis scores, and GISTs and leiomyomas before and after endoscopic submucosal dissection (ESD) to show the relationship of myoelectrical activity and diagnosis of tumor dyspepsia. Paper should consider using scatter graph to replace one of Tables.

Answer> We thank this reviewer for analyzing our study. We understand his/her point of view regarding Statistical analyses should be improved. Unfortunately, as our study was designed we cannot provide data combine endosonographic characteristics (scores), pathological diagnosis scores, and GISTs and leiomyomas before and after endoscopic submucosal dissection (ESD) to show the relationship of myoelectrical activity and diagnosis of tumor dyspepsia at this moment. This will be our next study direction.

We again thank these reviewers for their attentive and detailed analysis of the manuscript. We believe that their comments give us the opportunity to greatly improve our presentation and the manuscript as a whole. We tried to follow, as much as possible, directions from this reviewer

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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