

5/2/17

Dear Editor:

Please find enclosed the revised manuscript 33196. The reviewers' comments are addressed as follows:

**Reviewer 1:** "Excellent work! nothing to add or correct"

**Response.** We would like to thank Reviewer 1 for detailed review of our manuscript and for his/her comment.

**Reviewer 2:** "This review is very instructive for many kinds of clinicians including endoscopists, because the authors briefly and clearly present the incidence, classification and management of gastroenteropancreatic NETs. They also emphasize the importance for improving the recognition of factors that should prompt surgical referral as well as developing the techniques for endoscopic treatment. Among many cross-sectional imaging studies, endoscopic ultrasound and EUS-FNA provide not only key information about size and depth of invasion but also crucial pathological information by tissue sampling including lymph node, which has a remarkable impact on therapeutic choices by identifying lymph node metastases. The authors are asked to comment more about this usefulness of EUS-FNA".

**Response.** We would like to thank Reviewer 2 for this important critic. As mentioned by Reviewer 2, EUS serves not only as an imaging tool but also as a key diagnostic and staging modality especially when fine needle aspiration (FNA) technique is utilized. This can have a great impact on further therapeutic planning and we previously discussed this on paragraph two in pancreas section. We included two additional

paragraphs on pages 15-16 (highlighted in light blue) to further underline this important point.

**Reviewer 3:** “It is an interesting editorial about endoscopic treatment of NETs. There are some issues. 1. Endoscopic tunnel technique (POET or STER) is also an option for esophagogastric NET 2. Another option is the full thickness resection with the use either OVESCO klip or APOLLO system.”

**Response.** We would like to thank Reviewer 3 for bringing these emerging techniques to our attention. Their application and use in management of esophagogastric NETs have been addressed in pages 16-17 in this revision (highlighted in yellow).