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May 24, 2021

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Science Editor, Company Editor-in-Chief,  
Editorial Office  
Baishideng Publishing Group Inc  
(World Journal of Gastrointestinal Surgery)

Manuscript No: 64023

" Advances in endoscopic therapy using grasping-type scissors forceps (with video)"

Dear Prof Lian-Sheng Ma,

We greatly appreciate the comments from you and the peer reviewer. Taking them into account, we rewrote our manuscript as below.

**To the reviewer's comments.**

**Reviewer 1's comments**

1. "The grasping-type scissors forceps is more expensive than conventional device, so it mabe increase clinical cost."

According to the reviewer's kind suggestion, we added an additional paragraph concerning cost performance in the last part of the "CLINICAL OUTCOMES OF ESD-CC" section.

On page 17, line 14 (in the revised manuscript)

***"Cost performance in ESD***

The CC ( ¥ 43,000) is a little more expensive than conventional knives

(Insulation-tipped diathermic knife [KD-611L; Olympus, ¥38,000], Flush knife BT-S [DK2620]; Fujifilm, ¥28,000] , et al.). However, in ESD using conventional knives, it is necessary to use the other types of devices properly depending on the aspect of ESD.<sup>[20]</sup> For example, 1) ESD using insulation-tipped diathermic knife needs a needle knife (KD-IL-1; Olympus, ¥27,500) to make a start hole for mucosal incision. 2) If the submucosal dissection step needs a vertical approach to the proper muscle in ESD using the Flush knife-BT-S, pull energization method available devices such as the hook knife [KD-620QR; Olympus, ¥30,000] or the CC (¥43,000) are needed to reduce the risk of perforation. Furthermore, conventional knives have an insufficient hemostatic ability and often require hemostatic forceps (Coagrasper, [FD-411QR; Olympus, ¥15,000], et al.) for bleeding during ESD. Therefore, conventional knives need additional costs for combined devices. On the other hand, since CC can perform incision and coagulation while grasping and pulling the target tissue, it can handle all aspects during ESD even if a vertical approach of submucosal excision to the proper muscle is unavoidable. Furthermore, CC has high hemostatic ability, so hemostat forceps are not required for intraoperative bleeding. In ESD-CC, additional use of other types of knives are unnecessary (single device ESD is possible). Therefore, CC reduces the total clinical cost during ESD.”

2. “The Cluth Cutter Oprator often need Skilled rotate the cutter Angle during operation, sometimes The Cluth Cutter Oprator could affect the safe and procedure of operation.”

I agree with the reviewer’s opinion. Skill level of the Clutch Cutter operator is an important factor for the technical results of ESD-CC.

According to the reviewer’s kind suggestion, we added sentences concerning “Skill level of the Clutch Cutter operator” in the section of “CLINICAL OUTCOMES OF ESD-CC”, and added a related reference.

On page 17, line 5 (in the revised manuscript)

“However, the ESD-CC procedure requires the technical skills of the assistant to rotate the device at an appropriate position and grasp the target tissue. ESD using conventional type knife does not need it. Esaki, et al.<sup>[36]</sup> reported that procedure time of the ESD-CC assisted by an expert was significantly shorter than that of the ESD-CC assisted by a non-expert in an ex vivo porcine stomach model. They also showed that assistant skill was significantly associated with the difficulty of ESD. Assistance by an expert is needed to obtain a favorable learning curve of ESD-CC.”

Added reference

36. Esaki M, Horii T, Ichijima R, Wada M, Sakisaka S, Abe S, Tomoeda N, Kitagawa Y, Nishioka K, Minoda Y, Tsuruta S, Suzuki S, Akiho H, Ihara E, Ogawa Y, Gotoda T. Assistant skill in gastric endoscopic submucosal dissection using a clutch cutter. *World J Gastrointest Surg.* 2021;27:116-126 [PMID: 33643532 DOI: 10.4240/wjgs.v13.i2.116]

3. The Cluth Cutter mabe be used in POEM (peroral endoscopic Myotomy) to treat achalasia of cardia , but the review did not mentioned this indication .What's reason?

I searched it again. However, there were no reports concerning the usage of Clutch Cutter in POEM to treat achalasia of cardia. Therefore, we are unable to mention this indication.

#### **To the Science editor**

1. Self-cited references: There are 23 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations.

Contents of 23 self-cited references are below.

19 references are from our institute (Ref No: 5, 6, 8, 10, 15, 16, 17, 18, 19, 20, 21, 22, 27, 30, 32, 36, 37, 38, 46).

4 references are from other institute including doctors who worked at our facility in the past (Ref No: 24, 28, 35, 44). These clinical studies have nothing to do with our facility.

We understand this policy. However, our minireview focused on the grasping type scissors forceps (CC) which was invented by the first author. Therefore, our facility is the first in the world to actively perform endoscopic treatment using CC and publish many medical papers. However, 14 years after the development of CC, most other institutions around the world do not have as much clinical experience or medical papers as we do. So, we quoted some medical papers from our facility. Also, most of the tables and figures in our minireview have been quoted and modified from our past papers, so some references cannot be changed or deleted. We have reduced the references (deletion or change) from our facility to the extent that the content of the current minireview remains unchanged.

According to the science editor's comment, references have been changed below.

Ref No (original version) 9, 16, 17, 18, 37, 39 were changed to papers from other institutes below.

9. Komori K, Akahoshi K, Kubokawa M, Motomura Y, Oya M, Ihara E, Nakamura K. Endoscopic submucosal dissection for rectal carcinoid tumour using the Clutch Cutter. ANZ J Surg. 2014; 84: 847-51. [PMID: 24754306 DOI: 10.1111/ans.12643]

>>> Esaki M, Ihara E, Gotoda T. Endoscopic instruments and techniques in endoscopic submucosal dissection for early gastric cancer. Expert Rev Gastroenterol Hepatol 2021 [PMID: 33909540 DOI: 10.1080/17474124.2021.1924056]

16. Akahoshi K, Honda K, Akahane H, Akiba H, Matsui N, Motomura Y, Kubokawa M, Endo S, Higuchi N, Oya M. Endoscopic submucosal dissection by using a grasping-type scissors forceps: a preliminary clinical study (with video). Gastrointest Endosc 2008; 67: 1128-33 [PMID: 18355820 DOI: 10.1016/j.gie.2007.12.007]

>>> Dhaliwal L, Codipilly DC, Rowan DJ, Wong Kee Song LM, Iyer PG. Water-pocket endoscopic submucosal dissection of an early esophageal adenocarcinoma in a patient with portal hypertension and varices. VideoGIE 2020; 5: 646-648 [PMID: 33319130 DOI: 10.1016/j.vgie.2020.07.011.]

17. Akahoshi K, Honda K, Motomura Y, Kubokawa M, Okamoto R, Osoegawa T, Nakama N, Kashiwabara Y, Higuchi N, Tanaka Y, Oya M, Nakamura K. Endoscopic submucosal dissection using a grasping-type scissors forceps for early gastric cancers and adenomas. Dig Endosc 2011; 23: 24-9 [PMID: 21198913 DOI: 10.1111/j.1443-1661.2010.01037.x]

>>> Abiko S, Yoshikawa A, Harada K, Kawagishi N, Sano I, Oda H, Miyagishima T. Usefulness of a clutch cutter combined with an S-O clip in improving stability when opening the pocket in the pocket-creation method. Endoscopy 2020; 52: E128-E129 [PMID: 31652465 DOI: 10.1055/a-1024-3566]

18. Akahoshi K, Okamoto R, Akahane H, Motomura Y, Kubokawa M, Osoegawa T, Nakama N, Chaen T, Oya M, Nakamura K. Endoscopic submucosal dissection of early colorectal tumors using a grasping-type scissors forceps: a preliminary clinical study. Endoscopy 2010; 42: 419-22 [PMID: 20340070 DOI: 10.1055/s-0029-1243973]

>>> Tashima T, Nonaka K, Ryozaawa S, Fujino T. Duodenal endoscopic submucosal dissection for a large protruded lesion located just behind the pyloric ring with a scissor-type knife. VideoGIE 2019; 4: 447-450 [PMID: 31709326 DOI: 10.1016/j.vgie.2019.06.001]

36(New No 37). Akahoshi K, Kojima H, Fujimaru T, Kondo A, Kubo S, Furuno T, Nakanishi K, Harada N, Nawata H. Grasping forceps assisted endoscopic resection of large pedunculated GI polypoid lesions. Gastrointest Endosc 1999; 50: 95-8 [PMID: 10385732 DOI: 10.1016/s0016-5107(99)70354-8]

>>>Yang CW, Yen HH, Chen YY, Soon MS. Use of dual knife for large pedunculated colorectal polyps. Surg Laparosc Endosc Percutan Tech 2014; 24: 444-447 [PMID: 25198067 DOI: 10.1097/SLE.0000000000000097]

38(New No 39). Akahoshi K, Honda K, Kubokawa M, Motomura Y, Matsui N, Endo S, Higuchi N, Taki K, Oya M, Akahane H, Akiba H. Endoscopic resection of a large pedunculated duodenal polyp using a grasping type scissors forceps. Endoscopy 2008; 40 Suppl 2: E74-5 [PMID: 18633904 DOI: 10.1055/s-2007-995524]

>>>Zimmer V. Rapid upfront stalk transection for endoscopic resection of pedunculated colorectal lesions using a grasping-type scissor forceps. Endoscopy 2020 [PMID: 32968988 DOI: 10.1055/a-1252-2680]

Ref No (original version) 5, 6, 8, 10, 15, 19, 20, 21, 22, 27, 30, 32, 37, 46 remain (important articles or Table • Figure • Video quoted papers )

Ref No (original version) 46 was deleted.

According to this change, related references were re-numbered and we rewrote related sentences below.

On page 20, line 12 (in the revised manuscript)

“Experience with a case has been reported<sup>[46]</sup>. In this report, overlying mucosa ..... into the gastric lumen.”

I am sending herewithin an answers to the reviewer’s comment, and am separately uploading revised manuscript, Video, Image file, Table file, Audio Core

Tips, COI, Non-Native Speakers of English Editing Certificate, and WJGS COPYRIGHT LICENSE AGREEMENT of a manuscript entitled " **Advances in endoscopic therapy using grasping-type scissors forceps (with video)** ", which I should like to submit for publication in "*World Journal of Gastrointestinal Surgery*". This manuscript has been seen and approved by all the authors.

Thank you very much for your consideration.

Yours Sincerely,

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