

**July 23, 2014**

Dear Editor,

Please find enclosed the following edited manuscript in Word format.

Title: Circumstance of endoscopic and laparoscopic treatments for gastric cancer in Japan: A review of epidemiological studies based on a national administrative database

**Authors:** Atsuhiko Murata and Shinya Matsuda

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 11988

The manuscript has been improved according to the suggestions of reviewers, as follows.

1. The format has been updated.
2. Content and editing revisions have been made according to the suggestions of the reviewers.

**(Minor points)**

(1) We appreciate the reviewer's comments. According to their suggestion, we have rewritten the Abstract in the revised manuscript.

Page 2, line 3 (revised manuscript):

“Currently, endoscopic submucosal dissection (ESD) and laparoscopic gastrectomy (LG) have become widely accepted and increasingly play important roles in the treatment of gastric cancer. Data from an administrative database of the Diagnosis Procedure

Combination (DPC) system have revealed the various circumstances of ESD and LG in Japan. Some studies demonstrated that length of stay (LOS) and medical costs of patients undergoing ESD for gastric cancer had become significantly reduced while LOS and medical costs during hospitalization were significantly increased in older patients. With respect to LG, some recent reports have shown that this has been a cost-beneficial treatment for patients compared with open gastrectomy while simultaneous LG and cholecystectomy is safe and effective for patients with both gastric cancer and gallbladder stones. These epidemiological studies using the administrative database of the DPC system closely reflect the clinical circumstances of endoscopic and surgical treatment for gastric cancer in Japan. However, this administrative database does not include detailed clinical data such as lesion size or histological type of gastric cancer. The link between the DPC database and another detailed clinical database may be vital for future research into endoscopic and laparoscopic treatments for gastric cancer.”

(2) We appreciate the reviewer’s comments. We agree that the phrase “in Japan” was over-used in this manuscript, particularly in the Abstract and Introduction section. We have therefore rewritten the sentences in the Abstract and Introduction section. Please find our revised manuscript.

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

Sincerely yours,

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