

July 26, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12295-edited (rev).doc).

**Title: Resection of multiple rectal carcinoids with transanal endoscopic microsurgery: Case report**

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 12295

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 reviewers

Q1. Reviewer No. 02667055 mentioned that the sentence "Before choosing the local excision by TEM technique, we routinely perform the transrectal ultrasound (TRUS) to assess the depth of tumor invasion and preclude lymph node metastasis" is likely to lead to ambiguity.

A1. We have changed the sentence to "Before choosing the local excision by TEM technique, we routinely perform the transrectal ultrasound (TRUS) to assess the depth of tumor invasion and evaluate the status of perirectal lymph nodes."

Q2. Reviewer No. 02533534 has asked for the evidence of the free margin of 1 cm when resecting the lesions. Reviewer No. 02667055 asked how the margin of 1 cm was guaranteed.

A2. For the local resection of rectal tumors using TEM, it is routinely followed that the resection margin should be 5 mm from the macroscopic tumor edge for benign lesions and 10 mm in cases of malignant tumors [1,2]. Therefore we commonly keep a margin of 1 cm during TEM resection of rectal carcinoids concerning the malignant potential of these lesions. At the beginning of the surgery, we firstly mark the resection line with a circle of coagulation dots by a needle cautery, which can guarantee the exact margin. In fact, although sometimes being unnecessary for benign lesions, keeping a margin of 1 cm is easy to accomplish during TEM manipulation.

Q3. Reviewer No. 02542095 recommended us to focus on multiple rectal carcinoid tumors and summarize the previous reports.

A3. We have carefully browsed the databases and summarized all the cases of multiple rectal carcinoids reported in the English literatures so far (see Table 1). Sumida and the colleagues have reviewed 32 patients with multiple rectal carcinoids being reported in Japan up to 2005 [3]. However, Sumida's article was written in Japanese and can not be retrieved from English databases. Apart from the 5 case reports we summarized, no other series of more cases can be found.

Q4. Reviewed No. 02533534 asked about the advantage of TEM over other endoscopic techniques such as ESD or EMR-C in treatment of carcinoids smaller than 1cm.

A4. The related issue has been added to the manuscript (see the discussion part).

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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- 1 Kunitake H, Abbas MA. Transanal endoscopic microsurgery for rectal tumors: a review. *The Permanente journal* 2012; **16**(2): 45-50 [PMID: 22745615 PMCID: 3383161]
- 2 Buess GF, Raestrup H. Transanal endoscopic microsurgery. *Surgical oncology clinics of North America* 2001; **10**(3): 709-731, xi [PMID: 11685937]
- 3 Haraguchi M, Kinoshita H, Koori M, Tsuneoka N, Kosaka T, Ito Y, Furui J, Kanematsu T. Multiple rectal carcinoids with diffuse ganglioneuromatosis. *World journal of surgical oncology* 2007; **5**: 19 [PMID: 17306015 PMCID: 1805501 DOI: 10.1186/1477-7819-5-19]