

Thursday, February 12, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: **Somatostatinanalogs-16497.doc**).

**Title:** Somatostatin analogs for gastric carcinoids: for many, but not all

**Author:** Sara Massironi, Alessandra Zilli, Dario Conte

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

**ESPS Manuscript NO:** 16497

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

**1) Reviewer 1 wrote:**

**It is an interesting story for Gastric carcinoids (GCs) and somatostatin analogs (SSAs) therapy based on the paper published and their work experience. This review was readable, relevant citations comprehensive. There is published value after appropriate modifications. Two points should be considered to modify: 1. The title "Somatostatin analogs in gastric carcinoids: for many, but not for all" should be "Somatostatin analogs for gastric carcinoids: for many, but not all". 2. Need to standardize the format of the tables, esp. table 3.**

- The title has been changed in "Somatostatin analogs for gastric carcinoids: for many, but not all", as suggested.
- Format of table 3 has been updated.

**2) Reviewer 2 wrote:**

**The clinical management of Gastric Carcinoids (GCs) by somastatin is an interesting topic and worth discussing. I would like to point out that in countries where advanced endoscopic resection techniques are popular, multi-focal GCs or GCs involving the submucosal layer can still be resected and hence endoscopic operation was preferred as first line therapy. Endoscopic resection can be more effective and economic compared to somatostatin treatment in such cases. The authors could discuss more about this issue.**

We have revised our work according to the Reviewer's suggestions; in particular, we have pointed out that endoscopy is the first-line treatment and that, where endoscopic competencies are adequately developed, multifocal GC and GC involving the submucosal layer can be endoscopically managed as well (please see Core tip, page 3; again see pages 9 and 10, section "Management of type-I gastric carcinoid - a clinical challenge"; finally see page 16, section "Somatostatin analogs ... not for all").

**2) Reviewer 3 and 4 wrote:**

**The authors discuss the use of somatostatin analogs as treatment for some gastric carcinoids, starting with introductory notions regarding this pathology. The editorial is well written and touches the main ideas in a satisfactory manner. I would advise polishing the language and correcting the mistakes. Perhaps a more in-depth debate on the use of other treatment techniques in conjunction with or as an alternative to SSAs can further enhance the manuscript.**

The manuscript has been revised by an external native English speaking editor and a certificate of

service has been provided in this respect, as requested by the Editor too.

A more in-depth debate about alternative treatments has been added (please see “Management of type-I gastric carcinoid – a clinical challenge”, pages 9 and 10), introducing even perspective therapies such as the possible use of netazepide in the future (please see page 16, section “Somatostatin analogs ... not for all”, last paragraph).

Finally, the Core tip has been changed, according to the Editor’s indications and the “Audio Core Tip” file describing the final core tip has been provided.

References have been added as requested.

We thank you again for your decision to publish our manuscript in the *World Journal of Gastroenterology*.

Yours truly,

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