

February 19, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1713-review.doc).

Title: Efficacy and safety of 0.4% sodium hyaluronate for ESD of gastric neoplasms

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

1. The format has been updated.

2. Revision has been made according to the suggestions of the reviewer

- 1) First of all, this study was proceeded in double-blind manner. However, there is no specific mention about the handling of the solution and monitoring, which were essential in double-blind study. Who was responsible for dealing with these two solution? Was it monitored by independent person?

→ As the reviewer suggested, we have included additional description of who handles the solutions in the study design section of the manuscript.

The solution was supplied by an independent investigational device manager.

- 2) In addition, there must be some difference in pressure when injecting one of these solutions. This could make it possible to discriminate the two solutions during procedure. To overcome these compounding variables, there should be difference in objective variables such as procedure time or etc. However, only subjective measures were significantly different. These (why same procedure time?) should be elaborated on discussion.

→ The endoscopist who evaluated the effectiveness and clinical usefulness of the sodium hyaluronate did not take any part in injecting the material to the submucosal layer. Therefore, although the endoscopist could visualize the elevation effect, the difference in pressure during injection of the material was known only to the injecting assistant. This has been added in the study design section of the manuscript.

→ The lack of statistical significance in the difference in procedure time may have been due to the fact that the size of the lesion was too small for experienced endoscopists to show a variability in time. This has been discussed in the discussion section of the manuscript.

- 3) The result section should be sub-divided by Table. "Clinical usefulness" section is too redundant to read.

→ As the reviewer suggested, the table has been subdivided. The manuscript has undergone extensive editing.

4) Cost differences should be dealt in discussion.

→ As the reviewer suggested, there is some difference in the cost of the injecting material. The cost difference and the effective use of the appropriate material has been discussed in the discussion section.

3. References and typesetting were corrected

4. The figure has been edited.

5. The manuscript has undergone extensive editing and has been proof-read by an outside editing company.

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

Sincerely yours,

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