

April 2, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17248-Revised.doc).

Title: Full-thickness excision using transanal endoscopic microsurgery for treatment of rectal neuroendocrine tumors.

Author: Weijie Chen, Nan Wu, Jiaolin Zhou, Guole Lin, Huizhong Qiu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 17248

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 reviewer

(1) No severe immediate or late complications were noted. However, perforation into peritoneal cavity occurred in 2 patients. Though without transabdominal approach, more detailed description is needed. Did any co-morbidities make them at a higher risk of poor wound healing?

Thank you for the question, the detailed description was added in the revised manuscript as requested. Entry into the peritoneal cavity during TEM was not considered as a complication with the possibility of suture. This is also supported by other papers. Perforation into peritoneal cavity does not increase risk of complications. Because of good bowel preparation and prompt suture, no feces or intestinal juice could leak into the peritoneal cavity.

No poor wound healing was found in our 59 patients, so we thought that tight suture using TEM hardly causes the poor wound healing.

(2) Moderate fevers were observed in 8 patients within 3 days after the surgery. More detailed description is needed. How do the authors explain the causes of the fever?

Thank you. The detailed description was added as requested. The maximum body temperature was 38.2 °C, and the body temperatures were brought down without giving any antibiotics. Therefore, absorption fever might be the cause of the transient moderate fever.

(3) No complication of peritonitis, fistula, or fecal incontinence was observed. Did the authors perform any study to confirm the statement?

Thank you. All the patients were followed up in the outpatient department. No complain of patients and physical examination approved the absence of peritonitis, fistula, or fecal incontinence. Moreover, Wexner score was used to evaluate the function of ani sphincter. The Wexner score at 6 months was 4.5±1.4. Computed tomography, transrectal endoscopy, and ultrasonography were also performed in the follow-up period. No positive found confirmed our statement.

(4) Patients started walking on the first postoperative day, and per-oral intaking on second postoperative day. The average hospital stay was short. However, readers are more interested in those patients with severe complications. In addition, the authors

need to show the results of endoscopic findings months after TEM to make the report more convincing.

Thank you for the question. We thought that TEM is a safe, minimally invasive procedure. In our series of 59 patients, no severe complication was observed.

Although all patients were followed up using computed tomography, transrectal endoscopy, and ultrasonography in the outpatient department. It was to evaluate the recurrence and metastasis of rectal neuroendocrine. And the results were showed in the follow-up paragraph of the paper. The scar of rectum is unobtrusive under endoscopy months after TEM, because the silver clip would drop and the thread would be absorbed. The unobtrusive scare was exemplified and showed in figure 2, that scar was photoed only weeks after endoscopic polypectomy.

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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Reviewed by 03088280

There are several studies looking at the trans-anal endoscopic microsurgery (TEM) in the treatment of rectal neuroendocrine tumor in the literature. In this report, the authors report their personal experience in 59 rectal neuroendocrine tumors patients who were treated with TEM. The authors collected considerable data to support their conclusions and proposed some interesting directions. This paper is well written. It would bring pleasure to readers of World Journal of Gastroenterology.

Reviewed by 03088461

ESPS Manuscript NO: 17248, Title: Full-thickness excision using transanal endoscopic microsurgery for the treatment of rectal neuroendocrine tumors. The authors analyzed the 59 patients with neuroendocrine tumors treated with full-thick excision (TEM). TEM procedure was performed for primary rectal neuroendocrine tumor (n=38), and for residual rectal neuroendocrine tumor after endoscopic polypectomy (n=21). The TEM procedure was performed without severe morbidities with short hospital stay (2.7 days). And the outcome of the TEM for early neuroendocrine tumor arisen in the rectum was very good (neither local recurrence nor distant metastasis). Although I have read the following recent studies on TEM, the rate of patient with neuroendocrine tumor is not so high. This manuscript analyzed a large number of patients

with neuroendocrine tumor compared to the following papers. Kim HR, Lee WY, Jung KU, Chung HJ, Kim CJ, Yun HR, Cho YB, Yun SH, Kim HC, Chun HK. Transanal endoscopic microsurgery for the treatment of well-differentiated rectal neuroendocrine tumors. J Korean Soc Coloproctol. 2012 Aug;28(4):201-4. Epub 2012 Aug 31. Serra-Aracil X, Mora-Lopez L, Alcantara-Moral M, Corredera-Cantarin C, Gomez-Diaz C, Navarro-Soto S. Atypical indications for transanal endoscopic microsurgery to avoid major surgery. Tech Coloproctol. 2014 Feb;18(2):157-64. doi: 10.1007/s10151-013-1040-9. Epub 2013 Jun 28. Jeon JH, Cheung DY, Lee SJ, Kim HJ, Kim HK, Cho HJ, Lee IK, Kim JI, Park SH, Kim JK. Endoscopic resection yields reliable outcomes for small rectal neuroendocrine tumors. Dig Endosc. 2014 Jul;26(4):556-63. doi: 10.1111/den.12232. Epub 2014 Jan 22. Léonard D, Colin JF, Remue C, Jamart J, Kartheuser A. Transanal endoscopic microsurgery: long-term experience, indication expansion, and technical improvements. Surg Endosc. 2012 Feb;26(2):312-22. doi: 10.1007/s00464-011-1869-9. Epub 2011 Sep 5. I think this paper is suitable for publication in this journal.

Reviewed by 03086186

Dr. Chen et al described the effectiveness of full-thickness excision of rectal neuroendocrine tumor using TEM in China. Though the patient number is less than that in reports from USA and Japan, it is still informative for the reader. However, more information on complications should be supplemented. 1. No severe immediate or late complications were noted. However, perforation into peritoneal cavity occurred in 2 patients. Though without transabdominal approach, more detailed description is needed. Did any co-morbidities make them at a higher risk of poor wound healing? 2. Moderate fevers were observed in 8 patients within 3 days after the surgery. More detailed description is needed. How do the authors explain the causes of the fever? 3. No complication of peritonitis, fistula, or fecal incontinence was observed. Did the authors perform any study to confirm the statement? 4. Patients started walking on the first postoperative day, and per-oral intaking on second postoperative day. The average hospital stay was short. However, readers are more interested in those patients with severe complications. In addition, the authors need to show the results of endoscopic findings months after TEM to make the report more convincing.