

Format for ANSWERING REVIEWERS



March 8, 2015

Dear Editor,

Please find enclosed the edited manuscript in word format (ESPS Manuscript NO: 17342-Review).

Title: Endoscopic management of ampullary lesions

Authors: Jesús Espinel, Eugenia Pinedo, Vanesa Ojeda, Maria Guerra del Rio

Name of Journal: *World Journal of Methodology*

ESPS Manuscript NO: 17342

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:

Reviewer 1 (02537190): The manuscript Endoscopic management of ampullary lesions by Espinel J and coauthors is a comprehensive overview of clinically important topic. The manuscript is well written, but I will suggest the authors add in more detail the results of CT / MR in diagnostic procedures. Authors should correct : 1. line 19- meta-analysis to meta-analysis. 2. page 10, section "Conclusions": recommended.

Reviewer 2 (02460503): Espinel et al present a review describing the nature and endoscopic management of tumors of the ampulla of Vater. The title is precise, the abstract and introduction well written. It includes the most relevant data including hereditary causes of ampullary tumors. This review gives a good overview about the endoscopic management of ampullary tumors and should be within the scope of the journal. Page 4, section "Endoscopic ultrasound", line 19: spelling mistake: meta-analysis - please correct to meta-analysis Page 5, section "Computed tomography (CT) and magnetic resonance imaging (MRI)": the author emphasizes the limited value of CT and MRI - please refer to current studies and cite them. Page 6, section "submucosal lifting": the authors state: Epinephrine and methylene blue may help minimize bleeding and enhance endoscopic visualization of the lesions margins, respectively. Please cite the references in which is stated that epinephrine might reduce bleeding. Page 7, section "Sphincterotomy and stent placement". The authors underline the importance of stent placement after ampullectomy. Please provide more information particularly about the size/diameter of the preferred stents Page 9, statement about follow-up intervals: please provide this information as a table for better visualization - thanks Page 10, section "Conclusions": the authors state "Endoscopic ampullectomy has replaced surgical interventions for the treatment of ampullary adenomas without ductal extension." - I am not sure whether the endoscopic therapy has really already replaced surgery - please be cautious about these definite statements, otherwise provide detailed data about the ratio endoscopic/surgical therapy in the Western world. Maybe the authors should state "Endoscopic ampullectomy should replace surgical" Page 10, section "Conclusions": spelling mistake - please correct recommended to recommended.

Reviewer 3 (01799429): This was well-written review article of endoscopic management of ampullary lesions. It included enough contents about such lesions and had important information for readers.

Reviewer 4 (02441443): The manuscript is well written and the authors have efficiently analysed the diagnosis and staging of ampullary adenomas as well as the indications and technique of endoscopic resection. However, it is not mentioned whether, according to the histology of the specimen, endoscopic ampullectomy is considered as adequate treatment of early ampullary adenocarcinomas (T1 lesions) and when further surgery is required.

Reviewer 5 (00068209): Comment on the manuscript 0006829 by Espinel, et al. Ampullary lesions are consisted of adenoma and adenocarcinoma, and ERCP, EUS, and IDUS are available to diagnose and treat them. The authors reviewed such endoscopic modalities for management of such lesions, and introduce endoscopic ampullectomy" in detail based on their experience. The review is well summarized and intelligibly explained. There are several suggestions for revisions. 1. First, I got impression that this article is mainly about how to "Endoscopic Ampullectomy" rather than review about management of ampullary lesions and therefore, the title should be changed as such. 2. The readers would like to know the accuracy of preoperative diagnosis by ERCP, EUS, and IDUS (with biopsy) for ampullary lesions. The authors should concretely show the data. 3. How about complication rate by ERCP, not ampullectomy? 4. How many patients underwent surgical resection against the residual lesion after endoscopic ampullectomy?

Reply to reviewer 5: The diagnostic accuracy of biopsy and complication rate are shown in text.

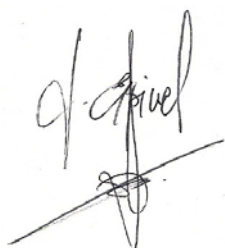
Revision has been made according to the suggestions of the reviewers.

The terms listed were corrected

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink, appearing to read 'J. Espinel', with a large, sweeping flourish underneath.

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