

September 16, 2015

Dear Editors,

We would like to thank you for your review of and thoughtful comments on our manuscript number 18867 entitled, “Endoscopic Options for Treatment of Dysplasia in Barrett's Esophagus.” We have incorporated your comments into our revised manuscript, and the particular changes we made are described below.

Responses to Comments:

Comment 1: Put the definition OF AGA in quotes and replace “a condition in which any extent of columnar epithelium replaces the normal stratified squamous epithelium,” per “a condition in which any extent of metaplastic columnar epithelium that predisposes to cancer development replaces the stratified squamous epithelium that normally lines the distal esophagus”

Comment 2 – remove this section “a process commonly referred to as intestinal metaplasia”

Response: These changes were made as requested in the text.

Comment 3: (Reference 4) mortality is 10%.

Response: The reference was reviewed and the change to 10% was made in the text of the manuscript.

Comment 4: In patients with early esophageal adenocarcinoma, up to 20% of patients with cancer involving the submucosa ((ref 8 PG 6 to 20% by sm1 and up to 50% by sm3) will have lymph node metastasis.

Response: We have updated the wording of the sentences pertaining to lymph node metastases to better illustrate the increasing risk of metastases with increasing depth of invasion into the submucosa.

The text now reads: In patients with early esophageal adenocarcinoma, up to 20% of patients with cancer involving the submucosa will have lymph node metastases, with the risk increasing further with growth of the tumor into the deeper submucosa. In contrast, the risk of lymph node metastases in patients with intramucosal adenocarcinoma (i.e. not invading the submucosa) is much lower at less than 2%.^[8]

Comment 5: Page 10 Cryotherapy. The phrase "The complete eradication rate was even higher in patients with short-segment disease (97%)" - this data is not in the reference number 30, but in reference 32, soon to follow. In the same paragraph, only one patient developed a stricture phrase in the 21 months of follow-up, the reference contained 30: 3 cases of stricture in the 37 months of follow-up. References– Correcting references 31 and 32 in accordance with the text.

Response: On page 10 of the manuscript, we removed the data previously cited as reference 30. Reference 32 now cites the appropriate data. In the same paragraph we updated the number of strictures and months follow-up recommended by the reviewer.

Comment from editors 1 – COI statement: Please offer signed pdf file. Thank you!

Response: We have uploaded a separate pdf of the COI statement

Comment 2: Please write a summary of no more than 100 words to present the core content of your manuscript (Core Tip).

Response: We have included a Core Tip for readers.

Comment 3: Please offer the audio core tip

Response: We have uploaded an audio core tip.

We hope these changes are to the satisfaction of the reviewers and editors, and again we thank the WJGE for the opportunity to submit this invited Minireview.

Sincerely,

Kerry B. Dunbar, MD, PhD

R. Brooks Vance, MD

Kerry B. Dunbar, MD, PhD
Associate Professor of Medicine
Dallas VA Medical Center – VA North Texas Healthcare System
University of Texas Southwestern Medical Center
GI Lab, CA 111-B1
4500 South Lancaster Road
Dallas, Texas 75216
214-857-1603
214-857-1571 (fax)