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Title: Second-look endoscopy with prophylactic hemostasis is still effective after endoscopic submucosal dissection for gastric neoplasm

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Comments To Authors

Jung et al. present a retrospective series of 310 patients that underwent endoscopic submucosal dissection for removal of gastric epithelial tumors. The main outcome measured was bleeding after a second look endoscopy. The topic is interesting and a good number of patients were studied. However, I was very confused reading the manuscript. The flow of patients is really hard to understand at the first reading.

1. Several misleading terms prevent to understand that patients were grouped after the 2nd endoscopy. E.g., table 1 reads "baseline characteristics". Baseline means BEFORE the 2nd endoscopy. "high risk for bleeding": most patients in these group were actually bleeding. Risk for re-bleeding is perhaps more adequate. The risk for bleeding according to the Forrest classification borrowed from peptic ulcer disease implies that the patients are at risk for bleeding AFTER the 2nd endoscopy.

► Thank you very much for your helpful suggestions to improve our manuscript.

We reappraised the content again and revised the manuscript as you commented.

The corrections and revisions are as follows:

Several misleading terms indicated were corrected owing to your help.

As you mentioned, "baseline" means "BEFORE the 2nd endoscopy"

Accordingly, we corrected the Title of Table 1 into "Clinical characteristics before

second look endoscopy according to the risk of rebleeding after ESD.”(p.22)

We agree with you on that “risk for rebleeding” is more adequate.

In accordance with your comment, we changed all the high or low “risk for bleeding” in the text into “risk of rebleeding.”

p.4, line9-11; line14-15, 17; p.8, line12-15; p.11, line5-6, 11, 16-19, 21-22, 24; p.12, line22; p.13, line9 12, 16, 24; p.14, line1, 5.

2. So, why a 3rd endoscopy was not advised? My second comment is: if the risk of re-bleeding is very small after a second look, why patients are in-hospital for so long? This should be the conclusion of the study.

► Thank you for your kind comment.

Actually, no bleeding occurred after post-ESD hemostasis in our series.

If there is a case of rebleeding, a 3rd endoscopy should be performed.

In accordance with practice guideline, so called “clinical pathway” in Korea, approximately 3 days of hospital stay is recommend to monitor rebleeding after ESD.

Actually, most patients were discharged within 3 days after ESD if a bleeding event did not occur.

Some elderly patients stayed hospital a few days longer (upto 7 days) for fear of rebleeding.

To prevent misleading or misunderstand, we corrected the sentence from “Most patients were discharged within 7 days after ESD if a bleeding event did not occur.” to “Most patients were discharged within 3 days after ESD if a bleeding event did not occur.” (p9, line20-21)