

ANSWERING REVIEWERS



March 30, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: Manuscript No.24112-Revised.docx).

Title: Endoscopic en bloc resection of an exophytic GIST with suction excavation technique

Author: Hyuk Soon Choi, Hoon Jai Chun, Kyoung-Oh Kim, Eun Sun Kim, Bora Keum, Yoon-Tae Jeon, Hong Sik Lee, Chang Duck Kim

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We thank the reviewers for their interest and supportive comments. We have included detailed responses to the reviewers' comments. Please refer to our revised manuscript for the relevant changes that are highlighted in the article in yellow. The manuscript has been improved as the reviewers suggested.

Reviewer 1

1. Good and novel technique, Pls comment on the superiority and limitations of your technique compare to the existing ones and what are the additions to the known data and techniques.

Response: We thank the reviewer for this important comment and valuable suggestion. Existing therapeutic methods for exophytic subepithelial tumors are laparoscopic wedge resection and endoscopic full-thickness resection with laparoscopic support. However, we think that the suction excavation technique described in our article is a helpful technique to remove exophytic SETs. We have added an explanation of the advantage of the suction excavation technique compared with other techniques in the Discussion section (page 7, lines 164–171). "Previous endoscopic therapy did not emphasize the suction concept, but

we showed that suction excavation is useful for SET removal. Full endoscopic suction can move SETs in an endoluminal direction, so our technique has the advantage of reducing perforation risk compared with previous endoscopic submucosal dissection techniques. However, the suction excavation technique has its own limitations. If the SETs do not move inward by endoscopic suction, this technique cannot be used for endoscopic resection. Therefore, it is difficult to apply our suction excavation technique to all exophytic SET resections.”

2. Pls provide more data about the procedure, such as duration of the procedure, route and type of anesthetics.

Response: Thank you for that suggestion. We have added the suggested information to the Case Report section (page 6, lines 136–139). “The procedure time was approximately 1 hour. Propofol was initially injected intravenously to induce sedation (0.5 mg/kg), and additional propofol was administered repeatedly during the endoscopic procedure (10–20 mg per each injection). Supplemental oxygen was administered nasally throughout sedation.”

3. What would be the indications to prefer this procedure?

Response: Thank you for this helpful question. We have added an explanation of the limited indications to the Discussion section (page 7, lines 170–173). : “Therefore, it is difficult to apply our suction excavation technique to all exophytic SET resections. The use of the suction excavation technique to remove exophytic SETs has limited indications, such as a positive rolling sign, small tumor size, and moving sign by endoscopic suction. However, the suction excavation technique can be useful for removing simple SETs as well as exophytic SETs in clinical practice.”

Reviewer 2

The article is aimed to report the first successful endoscopic resection of an exophytic gastrointestinal stromal tumor (GIST) using a novel perforation-free suction excavation

technique. The title is “Endoscopic En Bloc Resection of an Exophytic GIST with Suction Excavation Technique”.

1. This procedure needed an experienced endoscopist. It could not apply for general physicians.

Response: Thank you for your careful comment. We completely agree with your opinion. This technique is not appropriate for beginners. We think that an experienced endoscopist can attempt this suction excavation technique after performing several endoscopic submucosal dissection procedures to remove SETs.

2. Please add more details of the advantages and disadvantages of this procedure in the discussion section.

Response: We thank the reviewer for this valuable suggestion. Existing therapeutic methods for exophytic subepithelial tumors include laparoscopic wedge resection and endoscopic full-thickness resection with laparoscopic support. However, we think that the suction excavation technique described in our article is a helpful technique to remove exophytic SETs. We have added an explanation of the advantage of the suction excavation technique compared with other techniques in the Discussion section (page 7, lines 164–171). “Previous endoscopic therapy did not emphasize the suction concept, but we showed that suction excavation is useful for SET removal. Full endoscopic suction can move SETs in an endoluminal direction, so our technique has the advantage of reducing perforation risk compared with previous endoscopic submucosal dissection techniques. However, the suction excavation technique has its own limitations. If the SETs do not move inward by endoscopic suction, this technique cannot be used for endoscopic resection. Therefore, it is difficult to apply our suction excavation technique to all exophytic SET resections.”

3. How long did this procedure perform?

Response: The procedure time was approximately 1 hour, but as this was the first case, the procedure time could decrease with experience. We have included this information in the revised manuscript (page 6, lines 135–136).

4. What was the anesthetic technique used for this procedure?

Response: Thank you for this important question. We have added the information to the revised manuscript (page 6, lines 136–139). “The procedure time was approximately 1 hour.”

5. Why didn't the endoscopists routinely perform this technique?

Response: It is difficult to apply our suction excavation technique for all exophytic SET resections. As we mentioned above, this technique has its own limitations. In addition, this technique is appropriate only for experienced endoscopists. Endoscopic removal of exophytic SETs has been considered risky and impossible. We think that the suction excavation technique is useful for endoscopic resection of SETs.

6. The authors should to recommend the readers “How to apply this knowledge for clinical practice?”.

Response: Thank you for your helpful comment. We have added some text to our revised manuscript explaining why we think the suction excavation technique is useful in clinical practice (page 7, lines 165–168 and 173–175). “Full endoscopic suction can move SETs in an endoluminal direction, so our technique has the advantage of reducing perforation risk compared with previous endoscopic submucosal dissection techniques.” “However, the suction excavation technique can be useful for removing simple SETs as well as exophytic SETs in clinical practice.”

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

Sincerely yours,

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