Dear Editor

WJGE

Thanking you very much for reviewing our paper. We are now resubmitting the manuscript incorporating changes suggested by the reviewers. Please find below a point-to-point response to the editors’ and the reviewers’ comments.

Reviewer 1.

This interesting article is a review of the use of Laser in radiation-induced proctitis. As a radiation oncologist, I reviewed mostly the clinical aspects and not the technical aspects for which I am not competent. Title : The title summarizes well the topic of the article.

**Introduction : It would be better to write that 15 % of radiation proctitis is only very mild (grade 1).**

We included the word mild in the phrase.

**Clinical features and treatment options :**  **To target a radiation oncologist audience, it would be useful to add a table with scales for radiation proctitis (Kintzinger et al, Cancer Radiotherapie 2012; Wachter, Radioth Oncol 2001).**

From an endoscopists point of view, a score, which proposed by Zinicola et al, based on three factors scored independently was widely used. The independed factors involved are: telangiectasia distribution, surface area involved and the presence of fresh blood.

|  |  |  |
| --- | --- | --- |
| Distribution of telangiectasias | Surface area covered by telangiectasias | Presence of fresh blood |
| Distal rectum (within 10 cm from anal verge): **1 point** | Less than 50%: **1 point** | No fresh blood: **0 points** |

A cumulative score was calculated and three categories of endoscopic severity of radiation proctitis was derived: grade A (mild, 2 points), grade B (moderate, 3 points), and grade C (severe 4/5 points).

**To provide details about the strategy of treating radioinduced proctits, it would be useful to present hyperbaric oxygen therapy (Clarke, IJROBP 2008) in this indication and discuss the choice of treatment in different clinical situations.**

Although hyperbaric oxygen therapy is not an endoscopic treatment, we added a new paragraph for this modality.

**Some publications insist one the role of YAG laser in radiation-induced proctitis. Is this still used ? Why ?**

Although in the past YAG laser ablation was considered as a treatment endoscopic option for patients with radiation proctitis, nowadays its use has been almost abandoned. Argon plasma coagulation (APC) application has been superior to Nd:YAG laser ablation and has replaced it in the treatment of radiation proctitis.

**It seems that Argon plasma coagulation is ineffective in case of abundant bleeding and that it is indicated in case of upper and mid rectum disease (De Parades, Gastroenterol Clin Biol 1998). Could you please comment?**

Indeed APC is less effective in cases with abundant bleeding, however these cases represents the minority. The vast majority of patients with radiation proctitis suffer from spontaneous self-limited episodes of bleeding or from anemia.

**It would be of great interest for radiation oncologists to define a therapeutic decision tree of radiation proctitis treatment including all treatment possibilities.**

We added a decision tree.

We also incorporated all editor’s request, including references increase to the number of 50.

Sincerely yours

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