

October 17, 2016

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: **HAMA_WJEG_161017.doc**).

Title: Overdiagnosis of gastric cancer by endoscopic screening

Author: Chisato Hamashima

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 29555

I appreciate the constructive comments of the reviewers and the opportunity to submit a revised version of my manuscript entitled, “**Overdiagnosis of gastric cancer by endoscopic screening**”.

I carefully revised my manuscript in accordance with the comments raised. The corresponding changes in the revised paper are underlined.

The revised manuscript was also thoroughly checked and edited by a native English-speaking medical editor with specialist knowledge in this field to meet the language standards required by leading English language publications.

I hope that the revisions made have satisfactorily answered all the comments raised and that our paper is now suitable for publication in the *World Journal of Gastroenterology*.

Thank you in advance for considering our revised paper for publication. I look forward to hearing from you at your earliest convenience.

Yours sincerely

Chisato Hamashima MD, DrMedSc

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PONIT-BY-POINT RESPONCE

The manuscript has been carefully revised in according with the suggestions of the reviewers.

Reviewed by 00074724

No comments

Reviewed by 03551392

Dear author: Your manuscript is adequate for WJGE. Please check the homogeneity in figures and references in order to improve the quality for presenting this information.unknown in common clinical practice. Thank to screening tests clinicians are happy to find more and more cancers in early stages of a disease, which are known to be treated by curative treatment. However, the screening process and further treatment are not necessarily connctected with the decrease in morbidity in gastric cancer patients. The screening process that affects rapidly growing cancers (Tumor D) and non-progressive cancers (Tumor A) may bring no benefit when compared to no screening at all in this group of cancer patients. The proper parameters of the screening process (population of patients needed to be screened, frequency of screening, etc.) are essential in reaching the aim of the screening process, including cost-effectiveness and avoidance of overdiagnosis. The study brings this problem close to a reader and in my opinion should be accepted for publication.

Response

Thank you for your kind comments. In accordance with your suggestion, I carefully revised the article and the reference. The corresponding changes in the revised paper are underlined.

Reviewed by 02446061

Dear author: Your manuscript is adequate for WJGE. Please check the homogeneity in figures and references in order to improve the quality for presenting this information.

Response

I appreciate your valuable comments. In accordance with your suggestion, I carefully revised the article and the reference. The corresponding changes in the revised paper are underlined.