

To:

Professor Dr. Ya-Juan Ma,

Scientific Editor

World Journal of Gastroenterology

Jan 12, 2017

Dear Professors

Thank you very much for your letter regarding our manuscript entitled “**Outcomes of gastrointestinal defect closure with an over-the-scope clip system in a multicenter experience: an analysis of a successful suction method**”. We are grateful for the feedback from you and reviews. I fundamentally agree with all these comments. In accordance with reviewer’s comments, we revised and corrected our manuscript and provide necessary additional information.

Our responses to the reviewers comment are provided on the following pages.

Moreover, we asked Native American colleagues for correcting our manuscript. Finally, we have checked the entire manuscript for possible errors and improved the presentation. We hope that the revised manuscript is now suitable for publication in *World Journal of Gastroenterology*.

Your kind and timely consideration of our article would be greatly appreciated.

We are looking forward to hear from you soon.

Sincerely Yours,

Sincerely yours,

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Title: Outcomes of gastrointestinal defect closure with an over-the-scope clip system in a multicenter experience: an analysis of a successful suction method.

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Invited ID: 02542439

Reviewer #1

Reviewer's code: 03476438

COMMENTS TO AUTHORS

The authors reported a multicenter retrospective study analyzing the role of the OTSCs for GI defects using the suction method. The manuscript is novel, interesting and well-written. I would like to remark only minor comments: - The authors reported that TG is desirable for leaks and fistulae with defects of the entire layer. In daily practice these defects may be more difficult to be managed endoscopically and fistulae has been reported to be a cause of technical failure in this setting. Thus, the authors may discuss how the technical success of TG technique may be underestimated in their study,

because this approach is usually performed in more complex cases. - The authors can also discuss the role of TG technique after SS failure for the same defect. Did the authors use the combination of OTSC (SS or TG) and other endoscopic treatments (hemoclips, prostheses) for the same defect in patients with technical success?

Response

Thank you very much for reviewing and your comments.

1. Discussion about your first question how the technical success of TG technique for fistulae may be underestimated.

As we mention about this in the discussion session of our paper, we'd like to answer for your question, summarizing the following sentences.

⇒Recent studies have demonstrated a limited OTSC success rate of approximately 50% for fistula. However, compared to other studies, our study delivered good outcomes with both technical (91.7%, 11/12 cases) and clinical success (83.3%, 10/12 cases), suggesting the use of sufficient suction into the cap with the aggressive use of accessory devices for the successful long-term closure of fistulae. Functioning as grasping forceps, the TG is applied to easily approximate the grasping edges of a large lesion, whereas the Anchor can better approximate indurated tissue like fistula. As the selection of the suction method depended on the operator's discretion, the Anchor device was applicable only for a small number of cases in our experience. This is the limitation of this study. In my opinion, both TG and Anchor would be effective for fistulae with defect size ≤ 10 , whereas even both devices may be limited for fistulae with defect size > 10 . Accordingly, further comparative studies that include the Anchor are needed to clarify the type of suction method that should be applied to each target lesion based on the particular lesion characteristics.

2. The authors can also discuss the role of TG technique after SS failure for the same defect.

⇒If OTSC is not fired due to insufficient suction into the cap during SS method, TG assist can be an alternative choice to close the defect.

According to your comments, we added this sentence in the discussion session of our paper (SS vs TG, page17, line 11-13)

⇒Moreover, OTSC system using TG assist after clinical failure of SS method is not applicable for the same defect, because it is difficult to remove endoscopically the deployed OTSC on the target lesion. In this situation, surgery will be the only suitable therapy as shown in Fig.2 (All 3 cases with clinical failure of SS received additional surgery).

According to your comments, we added this sentence in the discussion session of our paper (SS vs TG, page18, line 5-8)

3. Did the authors use the combination of OTSC (SS or TG) and other endoscopic treatments (hemoclips, prostheses) for the same defect in patients with technical success?

⇒The combination therapy of OTSC and other endoscopic treatments (hemoclips, prostheses) was not applied for the same defect in patients with technical success.

Reviewer #2

Reviewer's code: 03666693

COMMENTS TO AUTHORS

This retrospective study is good quality and satisfied to reader about indication of OTSC deployment for refractory bleeding, fistula formation and perforation. Indication and practice are clearly defined. Regarding the failure of OTSC deployment for fistula or perforation site; method combined with fibrin glue or FC-SEMS for risky cases.

Response

Thank you very much for reviewing and your comments.

We are pleased to share with you our opinion.

Regarding the failure of OTSC deployment for fistula or perforation site, we have already mentioned it in the session of discussion as follows; In the future, the issue of managing refractory fistulae may be overcome by utilizing one or more of the following modalities: the injection of tissue sealants^[27], stent placement^[28,29], and newly developed endoscopic suturing devices^[4,5,30].

As you suggest, we believe that a method combined with OTSC and fibrin glue or FC-SEMS may be an innovative option for OTSC failure cases. We hope that the study will be planned.