

Dear Editors and Reviewers :

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Paper Title" (ID:32386). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction. Comments from reviewer 02954517 said that only the English should be revised. And comments from reviewer 02364071 said that the language of the manuscript should be revised and The references also should be updated. Revised portion are highlighted in green, yellow and blue in the paper, respectively. The main corrections in the paper and the responds to the reviewer' s comments are as flowing:

No.	Locations	The original sample	The revised version
1	The whole text	the vertical electrode loop	the vertical diathermic loop
2	Abstract — Methods	We retrospectively extracted their medical data and analysed the effectiveness and safety of this new method.	the word "retrospectively" was deleted.
3	Introduction — 1st paragraph:	In the last sentence	the word "Conversely" was replaced by the word "Similarly".
4	Introduction — 2nd paragraph:	The 5th sentence "In addition, given the deficiency of the currently available biopsy methods, such as a broad wound, inadequate depth and a rigid gastric wall, we invented a novel assistant tool that contains a control handle, an insulated sheath and an electric mental wire whose tail end wields a small loop vertically. "	"In addition, given the deficiency of the currently available biopsy methods, such as a broad wound, an inadequate depth and a rigid gastric wall, we invented a novel assistant tool, a reform of the diathermic snare. It contains a control handle, an insulated sheath and an

			electric mental wire whose tail end wields a small loop vertically. ”
5	MATERIALS AND METHODS — Patients	We retrospectively extracted and analyzed their medical data.	We extracted and analyzed their medical data.
6	Discussion — 2nd paragraph	The 1st sentence “Kim et al. ^[12] showed that the false dismissal rate of ordinary biopsies in diagnosing Borrmann type IV gastric cancer was high, that is, up to 55.9%. ”	Sueknae et al. ^[12] showed that the false missed rate of ordinary biopsies in diagnosing Borrmann type IV gastric cancer was high, that is, up to 55.9%.
Note	All the above revisions were highlighted in Yellow in the revision.		
7	Several grammatical errors in this manuscript have been corrected and highlighted in Green.		
8	All the references have been added the PubMed citation numbers and DOI citation. Several renewed ones were highlighted in Blue. As follows:		
	[1]	Kwon SJ, Lee GJ. Clinicopathologic characteristics of Borrmann type 4 gastric cancer. J Korean Surg Soc. 2003;64:127-133.	Yokota T, Teshima S, Saito T, Kikuchi S, Kunii Y, Yamauchi H. Borrmann ’ s type IV gastric cancer: clinicopathologic analysis. Can J Surg 1999; 42: 371 – 376. PMID: 10526523
	[2]	Park MS, Ha HK, Choi BS, Kim KW, Myung SJ , Kim AY, Kim TK, Kim PN, Lee NJ, Lee JK. Scirrhus gastric carcinoma: endoscopy versus upper gastrointestinal radiography. Radiology. 2004; 231: 421-426.	Kim JI, Kim YH, Lee KH, Kim SY, Lee YJ, Park YS, Kim N, Lee DH, Kim HH, do Park J, Lee HS. Type-specific diagnosis and evaluation of longitudinal tumor extent of borrmann type IV gastric cancer: CT versus gastroscopy. Korean J Radiol. 2013;14:597–606.PMID: 23901317 DOI: 10.3348/kjr.2013.14.4.597

	[4]	Yang HK, Cho SJ, Chung KW, Kim YH, Lee HK, Lee KU, Choe KJ, Kim JP. A Clinicopathological Analysis of Recurrent Gastric Cancer. Cancer Res Treat. 2001 Jun;33(3):207-215.	[4]Luo Y, Gao P, Song Y, Sun J, Huang X, Zhao J, Ma B, Li Y, Wang Z. Clinicopathologic characteristics and prognosis of Borrmann type IV gastric cancer: a meta-analysis. World J Surg Oncol. 2016 Feb 24;14(1):49. PMID: 26912240 DOI: 10.1186/s12957-016-0805-9
	[6]	Ricci R, Sergiacomi GL, Orlacchio A, Fanucci E, Pocek M, Simonetti G. Computed tomography detection of gastrointestinal neoplasmas[J]. Ital J Gastroenterol. 1992, 24 (9): 489-493.	Vetro C, Chiarenza A, Romano A, Amico I, Calafiore V, Di Raimondo C, Coppolino F, Di Raimondo F. Prognostic assessment and treatment of primary gastric lymphomas: how endoscopic ultrasonography can help in tailoring patient management. Clin Lymphoma Myeloma Leuk. 2014;14:179-185. PMID: 24369919 DOI: 10.1016/j.clml.2013.10.010.
	[8]	Caletti G, Ferrari A, Brocchi E, Barbara L. Accuracy of endoscopic ultrasonography in the diagnosis and staging of gastric cancer and lymphoma. SURGERY. 1993 ;113 :14-27.	Han C, Lin R, Shi H, Liu J, Qian W, Ding Z, Hou X. The role of endoscopic ultrasound on the preoperative T staging of gastric cancer: A retrospective study. Medicine (Baltimore). 2016 Sep;95(36):e4580. PMID: 27603347 DOI: 10.1097/MD.0000000000004580
	[10]		supplement
	[18]	Ribeiro A, Vazquez-Sequeiros E, Wiersema LM, Wang KK, Clain JE, Wiersema MJ.	Al-Haddad M, Savabi MS, Sherman S, McHenry L, Leblanc

		EUS-guided fine needle aspiration combined with flow cytometry and immunocytochemistry in the diagnosis of lymphoma. Gastrointest Endosc. 2001; 485-491.	J, Cramer H, Emerson R, O'Neil J, Khashab M, Dewitt J. Role of endoscopic ultrasound-guided fine-needle aspiration with flow cytometry to diagnose lymphoma: a single center experience. J Gastroenterol Hepatol. 2009 Dec;24(12):1826-33. PMID: 19845824 DOI: 10.1111/j.1440-1746.2009.06005.x
	[19]		supplement
	[22]	Hirota S, Ohashi A, Nishida T, Isozaki K, Kinoshita K, Shinomura Y, Kitamura Y. Gain-of-function mutations of platelet-derived growth factor receptor alpha gene in gastrointestinal stromal tumors[J]. Gastroenterology. 2003, 125 (3): 660-667.	Zheng S, Chen LR, Wang HJ, Chen SZ. Analysis of mutation and expression of c-kit and PDGFR-alpha gene in gastrointestinal stromal tumor. Hepatogastroenterology. 2007 Dec;54(80):2285-90. PMID: 18265649

Once again, thank you very much for your comments and suggestions.

Yours,

Sincerely

Yumei Liu