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Revision of Manuscript No. 34836

Title: "Clinical Outcomes of Clutch Cutter Endoscopic Submucosal Dissection for Older Patients with early gastric cancer"

Dear Prof. Ji,

We greatly appreciate your comments. Taking them into account, we rewrote our manuscript as noted below. All changes to reviewer's comment are indicated in red with underline in the revised manuscript. Furthermore, we revised the language of the text and Tables of our manuscript (highlighted in red) according to English editing by Edanz. Thank you again for your efforts in reviewing our manuscript.

To Editor's comments

Thank you for your comment. According to your kind suggestion, we wrote the Comments and added PubMed citation numbers and DOI citation to the reference list and list all authors. Also, we put the reference numbers in square brackets in superscript.

1. We did not obtain informed consent for data sharing from each patient. So, we rewrote the data sharing. On page 2, line 13 (in the revised manuscript)

"Informed consent was not obtained for data sharing, and no additional data are available."

2. "Please mark the location of table 4 in the text."

According to editor's suggestion, I inserted (table 4) on page 8 line 20 (in the revised manuscript) . And we rewrote this sentence according to English editing by Edanz.

i) The following changes were made in the Result section :

There were no significant differences in these parameters between the two groups.

was changed to

There were no significant differences between the two groups in duration of hospitalization or admission costs (Table 4).

3. I found a wrong sentence. I rewrote this sentence below.

On page 11, line 7 (in the revised manuscript)

i) The following changes were made in the Discussion section :

"Therefore, reducing the duration of hospitalization is an important factor for preventing complications, such as perforation, especially in older patients."

was changed to

"Therefore, preventing complications, such as perforation, is important for reducing the duration of hospitalization, especially in older patients."

4. I found the defect of a reference. So, I added a reference and renumbered related

references(No20~).

On page 16, line 16 (in the revised manuscript)

20 Statistics and Information Department, Minister's Secretariat, Ministry of Health and welfare
of Japan. The abridged life table. Tokyo; 2014

5. According to Edanz's suggestion, we reworded Elderly to Older in Table 1-4.

On page 22-25 (in the revised manuscript)

Response to Reviewer #02445477

Reviewer's comments:

1. "I read your manuscript with interest. Only suggestion is 80 is more uncommon age to include."

Thank you very much for your comments.

Response to Reviewer #00505466

Reviewer's comments:

1. "I would suggest adding "with Early Gastric Cancer" to the Title "Clinical Outcomes of Clutch Cutter Endoscopic Submucosal Dissection for Older Patients". Similarly, I would suggest adding this to the short title."

Thank you for your comments. According to your kind suggestion, we agree with your point. We added "with early gastric cancer" to the Title and Short Title.

i) The following changes were made in the Title section:

Title: "Clinical Outcomes of Clutch Cutter Endoscopic Submucosal Dissection for Older Patients"

Short title: "Clutch Cutter ESD in older patients"

was changed to

Title: "Clinical Outcomes of Clutch Cutter Endoscopic Submucosal Dissection for Older Patients with early gastric cancer"

Short title: "Clutch Cutter ESD in older patients with early gastric cancer"

2. "In the Abstract, the acronym ESDCC should be explained."

Thank you for your comment. I made a mistake not explaining the acronym ESDCC. I explained the acronym and corrected them to properly use acronym in abstract.

On page 3 (in the revised manuscript)

i) The following changes were made in the Abstract section:

AIM: This study aimed to evaluate the clinical outcome of endoscopic submucosal dissection using the Clutch Cutter in older patients.

was changed to

AIM: To evaluate the clinical outcome of endoscopic submucosal dissection using the Clutch Cutter (ESDCC) in older patients.

3. "Although mentioned in the Methods, the results regarding change in performance status are not noted in the abstract. Please note the results or otherwise delete in Methods the fact that change in performance status was studied."

Thank you for your comment. I noted change in performance status in the abstract.

On page 3, line 12 (in the revised manuscript)

i) The following changes were made in the Abstract section :

No significant difference was observed in the rate of ESDCC-related complications between the two groups.

was changed to

There were no significant differences between the older and non-older groups in the incidence of ESDCC-related complications (i.e., postoperative bleeding and perforation) and the post-ESDCC change in performance status.

4. "The numbers of patients in each group are noted twice, once in the Methods and once in the Results. I would suggest deleting those numbers in the Methods paragraph."

Thank you. I mentioned the number of patients twice. I deleted the number of patients from the method section.

On page 5, line 16, 17 (in the revised manuscript)

i) The following changes were made in the Methods section:

We divided the patients into two groups according to age: older patients (>80 years, n=64, mean age: 84.1 SD±3.2 years old) and non-older patients (≤80 years, n=168, mean age: 69.5

SD±7.3 years old).

Was changed to

We divided the patients into two groups according to age: older patients (> 80 years, mean age: 84.1 SD ± 3.2 years old) and non-older patients (≤ 80 years, mean age: 69.5 SD ± 7.3 years old).

5. "In the Introduction, is stated "Endoscopic submucosal dissection (ESD) has become widely accepted ...". Please add for what it is widely accepted."

Thank you for your comment.

On page 4, line 15 (in the revised manuscript)

i) The following changes were made in the Introduction section:

Endoscopic submucosal dissection (ESD) has become widely accepted, because it provides en bloc resection and histologically complete resection, and it is less invasive than surgical resection [2-5].

was changed to

Endoscopic submucosal dissection (ESD) for early gastric cancer (EGC) has become widely accepted, **as** it provides en bloc resection and histologically complete resection, and it is less invasive than surgical resection [2-5].

6. "In the Abstract is noted that it is a retrospective study. This should also be noted in the Methods."

Thank you for your comment.

On page 5, line 15 (in the revised manuscript)

i) The following changes were made in Methods section:

A total of 232 consecutive patients with EGC were enrolled in this study.

was changed to

A total of 232 consecutive patients with EGC were enrolled in this [retrospective study](#).

7. “How were the data gathered? From files or from a (prospective) database? The authors examined the change in performance status. How was this found in a retrospective study, with most probably absence of performance status in a large number of files? Please clarify these issues.”

Thank you for your comment. I gathered the data from patient’s medical records. In our hospital, we recorded patient’s status at hospitalization and discharge. I have confirmed all patient’s medical records. Performance status was classified using the Eastern Cooperative Oncology Group scale.

On page 5, line 17- page 6, line 5 (in the revised manuscript)

i) The following changes were made in the Methods section:

The following factors were retrospectively compared between the two groups: pre-existing comorbidities, anticoagulant therapy, en bloc resection rate, mean duration of hospitalization, incidence of ESDCC-related complications, change in PS before and after ESD, and financial cost of admission. PS was classified using the Eastern Cooperative Oncology Group scale. The indication of ESD was classified as PS scores of 0, 1, or 2.

was changed to

The following factors were retrospectively compared between the two groups: pre-existing comorbidities, anticoagulant therapy, en bloc resection rate, mean duration of hospitalization, incidence of ESDCC-related complications, change in PS before and after ESD, and financial cost of admission. [We used a prospectively maintained ESDCC database for the analyses of anticoagulant therapy, en bloc resection rate, and incidence of ESDCC-related complications; our institutional medical and accounting records for each patient were used to analyze pre-existing comorbidities, mean duration of hospitalization, change in PS after ESD, and financial cost of admission.](#) PS was classified using the Eastern Cooperative Oncology Group scale. The indication for ESD was a PS score of 0, 1, or 2.

8. “Figure 5. Please explain the acronym ESDCC”

On page 21, 22, 23 (in the revised manuscript)

Thank you for your comment. Is it Figure 3 that the reviewer pointed out?

According to reviewer's and Edanz's suggestion, we reworded ESDCC to endoscopic submucosal dissection using Clutch Cutter, CC to Clutch Cutter, and ESD to endoscopic submucosal dissection in Figure 1-3.

We are sending herewith our revised manuscript entitled "Clinical Outcomes of Clutch Cutter Endoscopic Submucosal Dissection for Older Patients with early gastric cancer", which I should like to submit for publication in the Original article section of "World Journal of Gastrointestinal Oncology". Thank you very much for your consideration.

Yours sincerely

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