Format for ANSWERING REVIEWERS

August 11, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4055-review.doc).

Title: Long-term follow up of endoscopic resection for type 3 gastric NET

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewed by 00001972

(1) The exact criteria used for the diagnosis of type 3 gastric carcinoid used to identify the original 119 patients needs to be clearly stated in the methods.
: We reviewed patients' plasma gastrin level, and other associated disease, such as ZES and multiple endocrine neoplasia (MEN) type 1 for diagnosis of type 3 gastric NETs.

(2) The exact criteria used for deciding whether endoscopic or surgical treatment is used in these patients needs to be included in the methods. Why were some patients just observed? The latter is unusual for treatment of type 3 GC.
: This study is retrospective study, so we couldn't reply exactly what you asked. However, the main different cause for deciding treatment method (surgery or endoscopic resection) is the tumor size, tumor shape (combined with deep ulceration) or the evidence of metastasis to adjacent lymph node metastasis.

(3) The endoscopic resection procedure used is inadequately described in the methods. Why did some have ESD others EMR?
: Considering the retrospective study, there is no definite indication for ESD or EMR, but tumor size is larger in ESD group than EMR group (p=0.055). We assumed that larger tumor size was indication for ESD.

(4) Were these tumors biopsied first to establish the diagnosis or was the diagnosis not known at the time of the endoscopic treatment? The approach to how the patients were evaluated prior to treatment needs to be detailed in the methods. In what percentage of patients was the diagnosis of type 3 known at the time of treatment? This is an important point if this information is to be used in the future to treat these patients.
: All gastric NETs were proved by initial endoscopic biopsy. We added on this content in our manuscript.

(5) It appears that the patients who had incomplete resections received not additional tratment? Is that

correct? Most centers would recommend surgery in these patients? Why as this not done here? I don't think this tratment is routine.

: Your opinion is right. We presumed that the result of histologic incomplete resection was pathologist's opinion. After endoscopic procedure, we evaluate the post resected margin is clear and coagulation was performed, additionally. Maybe, we suspected that if the endoscopic resection were en-bloc resection and had clean baseline after procedure, the additional surgery was not need.

(6) No patients in this study seem to have had advanced disease which is unusual. Is that because they were by some criteria excluded from the endoscopic group? This needs to be clarified.

: As you can see, there were 39 patients who had treated with surgery and 15 patients who was observed. In these cases, advanced disease cases were found. However, there was no advanced disease in the endoscopic treatment group. The data collection was performed retrospectively.

(7) The discussion should concentrate on type GC3 and not discuss Type 1 and 2.

: We've corrected in our manuscript

Reviewed by 01332768

1) What is the significant progress between this study and some previously published results (Li, et al. World J. Gatroenterol. 2012, 18: 5799-5806, and Varas MJ et al. 2010)?

: The previous studies reported the efficacy of endoscopic resection for foregut NETs. In our present study, we focused on the endoscopic resection for the type 3 gastric NET. The sample size is larger than previous studies and we had conclusion that if the tumor is confined in the submucosal layer and there is no evidence of lymphovascular invasion, and tumor size is less than 2cm, endoscopic treatment could be applied for the initial treatment of type 3 gastric NETs.

2) Amongst the 50 patients, 5 lost during the following up. Why is that? Are these 5 patients free of disease after the endoscopic treatment?

: All resected specimens of 5 cases were revealed pathological complete resection and no verticolateral margin involvement. The patients were didn't visit our clinics after 6 month.

3) For the 3 patients with invasive diseases, additional treatment was given; thus the true sample size is 42. For these 42 patients, any other treatment was given after the EMR or ESD?

: No more treatments were performed for 42 patients. There were no evidence of tumour recurrence during the follow up duration.

4) The following up periods ranged from 13 to 60 months. Obviously 13 month is too short. If using 5 years as a cutting point, how many patients will remain disease-free?

: 20 patients had shown disease-free state during the 5 years.

5) What types of statistics are used? The statistic methods should be described in Materials & Methods section. There some confusions on this. For example, when describe the average tumour size, why not use Mean ± SD, but use p?

: We added on statistical method in our manuscript. All continuous variable data are presented as means ± SE. Statistical significance was calculated using unpaired Student's t test. To assess the difference between two procedures, Univariate analysis was done by the Student's t-test. Statistical significance was set at 0.05. All analyses were performed using SPSS version 18.0 (SPSS Inc, USA).

- The reason why we use p, we wondered the statistical difference of tumor size between ESD and EMR group, or complete resection and incomplete resection group.

Reviewed by 00057400

- We've corrected our manuscript according to reviewer's advise

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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