

Manuscript ID: 42404 – manuscript revision

**Short- and Long-term outcomes of endoscopically treated superficial non-ampullary duodenal epithelial tumors**

Dear Editor:

Thank you and the reviewers for the thoughtful comments and helpful suggestions on our manuscript “**Short- and Long-term outcomes of endoscopically treated superficial non-ampullary duodenal epithelial tumors**,” by myself and colleagues (manuscript No.: 42404). We have carefully considered each of the comments, made every effort to address the concerns raised, and applied corresponding revisions to the manuscript. Additionally, we have carefully revised the manuscript to ensure that the text is optimally phrased and free from typographical and grammatical errors. Finally, we have checked that the manuscript is prepared according to the journal guidelines, provided all required sections including Article Highlights, recorded an audio version of the core tip, and attached all necessary forms.

Our detailed, point-by-point responses to the reviewer comments are given attached, whereas the corresponding revisions are highlighted in the manuscript file, per your instructions. We believe that our manuscript has been considerably improved as a result of these revisions, and hope that our revised manuscript is acceptable for publication in the *World Journal of Gastroenterology*.

We have modified the title to “**Short- and Long-term outcomes of endoscopically treated superficial non-ampullary duodenal epithelial tumors**”.

We would like to thank you once again for your consideration of our work and inviting us to submit the revised manuscript. We look forward to hearing from you.

Yours sincerely,

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## Point-by-point responses to the reviewer comments

We would like to thank the reviewers for their time and comprehensive feedback. Our responses are listed below.

Reviewer 00724436

Comment #1. The term SNADETS should be replaced by SNADA, for sporadic non ampullary duodenal adenoma, that is more often used in the literature.

Answer: While we agree that the term SNADA is also used in the literature, our study is focused on superficial (i.e., not sporadic) tumors, which may be adenomas but also carcinomas. Specifically, previous studies (references 6, 7, and 8 in the revised manuscript) defined superficial non-ampullary duodenal epithelial tumors (SNADETs) as adenomas or mucosal/submucosal carcinomas located outside the ampullary region, considered to have low risk of lymph node metastasis, and thus listed as indications for endoscopic resection. Therefore, we hope to retain the term SNADET.

Comment #2. Were patient admitted to the hospital after EMR ? it possible that patients with post EMR complications such as bleeding would have been taken care of in another hospital ?

Answer: All patients included in this study were admitted to our hospital.

The patients remained nil per os for 48 hours after endoscopic resection, and were then started on a liquid diet. Patients with unremarkable post-operative course were discharged from the hospital on day 7 after endoscopic resection. This information was added in the revised manuscript (in page 8).

**Reviewer 01467363**

Comment #1. I think that the tables could be more clear and concise.

Answer: We have revised the Tables simpler and the Table's order to facilitate understanding of the results of this study. Then, we have revised explanations of the Tables according the changes and modifications of the Tables.

Comment #2. The study/manuscript is interesting, I suggest to accept the contribution with corrections, mainly in presenting the results more clearly and concise.

Answer: Per the reviewer's suggestion, we have revised the text of the Results sections (both in the Abstract and in the main text) to improve clarity and conciseness. Additionally, we have explicitly defined the primary and secondary outcomes (in page 9).

**Reviewer 02803865**

Comment #1. The manuscript is well written. However, the authors should

consider revision before publishing.

Answer: We have carefully revised the entire manuscript to ensure that the text will be optimally phrased and free from typographical and grammatical errors.