

October 2, 2013

Dear Editor,

Please find enclosed the revised manuscript in Word format (file name: 4947-revised.doc).

Title: Impairment of secondary peristalsis in Barrett's esophagus by transnasal endoscopy-based testing

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The manuscript has been improved according to the reviewers' suggestions. Specifically, the format has been updated and the text has been revised as suggested, including updating the references. The changes to the text are detailed below.

(1) With regard to the lack of any difference in the frequency of secondary contractions between saline and acid infusion, we believe that volume stimulation has a greater effect than chemical stimulation in triggering secondary peristalsis, although the detailed mechanism involved remains unknown. We have added this explanation of our findings on pages 11:

As indicated in Table 4, there was no difference in the frequency of secondary contractions induced by acid and saline. A possible explanation for this observation is that the effects of volume stimulation are greater than those of chemical stimulation in triggering secondary peristalsis, but the precise mechanisms involved remain unknown.

(2) As noted by the reviewer, the Japan and US have different criteria for the diagnosis of Barrett's esophagus. As such, we specified the criteria used to define Barrett's esophagus in the present study. Specifically, we used the criteria of Manabe et al. (*Dig Endosc* 2011; **23**: 166-172), which has been added as reference no. 4, and Amano and Kinoshita (*Gastroenterol Hepatol (N Y)* 2008; **4**: 45-5), which has been added as reference no. 5.

Barrett's esophagus was diagnosed on the basis of endoscopic detection of columnar epithelium extending continuously from the EGJ into the esophagus, without obtaining histological confirmation of the presence of intestinal metaplasia.⁴ The EGJ was defined as the end of the palisading vessels of the lower esophagus.⁴ Short segment Barrett's esophagus (SSBE) was defined as the presence of a columnar epithelium covering <3 cm of at least one segment from the EGJ. Long segment Barrett's esophagus (LSBE) was defined as the presence of columnar epithelium >3 cm from the EGJ and always covering the entire circumference.⁵

(3) We have added two new references (references 11 and 12) to support the statement made;

Previous studies have demonstrated that patients with Barrett's esophagus have impaired sensitivity to esophageal distention as well as visceral sensitivity to acid perfusion.^{11,12}

(4) As instructed by the reviewer, we have reduced the length of the Abstract from 474 words to 246 words.

(5) To eliminate grammatical errors, our manuscript has been checked by a professional English language editor (Inter-Biotec Ltd).

Thank you for considering our paper for publication in World Journal of Gastroenterology. We hope that the revised manuscript is now suitable for publication.

Sincerely yours,

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