

September 22, 2020

Dr Subrata Ghosh, MD, Full Professor,

Dr Andrzej S Tarnawski, MD, PhD,

Editors-in-Chief



World Journal of Gastroenterology

Dear Editors:

We thank you for your considering our manuscript, titled “Third-look endoscopy prevents delayed bleeding after endoscopic submucosal dissection under antithrombotic therapy.” We thank both you and the reviewers for your thoughtful suggestions and insights, as our manuscript has greatly benefited from these insightful suggestions.

The manuscript has been rechecked and all necessary changes have been made in accordance with the reviewers’ suggestions. Our point-by-point responses to the reviewers’ comments are appended below. All highlighted parts are revised. We believe that we have adequately responded to all comments.

We hope that you will find our revised manuscript suitable for publication in the *World Journal of Gastroenterology*. We look forward to hearing from you.

Sincerely,

Kingo Hirasawa, MD, Ph.D.

Division of Endoscopy, Yokohama City University Medical Center.

4-57, Urafune-cho, Minami-ku, Yokohama 232-0024, Japan.

kingo-h@urahp.yokohama-cu.ac.jp

Telephone: +81-45-2615656

Fax: +81-45-2535382

To Reviewer 1:

We thank you for your appropriate review and thoughtful comments and appreciate your careful evaluation of our manuscript. We have revised both the language structure and references based on your opinion and believe that your suggestions will be helpful for readers to better understand our manuscript.

First, we have included some information to explain the study rationale and increase the word count of the background and result section of abstract (no less than 350 words).

Response to comment 1:

How many patients were included in the study period?

We thank you for your pertinent comments.

We enrolled 100 patients with 126 early gastric neoplasms in this study. We have added this information in the abstract, sample size calculation, and results sections (page 8 paragraph 4).

Response to comment 2:

Could you please mention absolute values next to the percentage values?

We thank you for your pertinent comments and agree with your opinion. We also consider that it is necessary to list all absolute values; therefore, we added them next to the percentage values in all parts of the revised manuscript.

Response to comment 3:

Is it 90 or 95% Confidence interval? Usually we use the latter (page 10 paragraph 26).

We thank you for your insightful question. If we set the one-sided significance level to 0.025, the width of the confidence interval is 95%. In this study, the one-sided significance level was set to 0.05 upon sample size calculation. Therefore, the width of the confidence interval is 90%.

Response to comment 4:

Please verify if the statement is what you meant.

In their retrospective study, Igarashi et al also recommended continuation of ATT which did not show a significant increase in PDB compared to controls. (Page 16 paragraph 5).

We thank you for your appropriate revise. We also think that it will be helpful for the readers to better understand our manuscript; therefore, we have revised our sentences based on your suggestions.

Response to comment 5:

Please place reference

Generally, the bottom of the ulcer is covered with slough within a few days, and the regenerating epithelium, including granulation tissue, gradually develops from the

margin and bottom of the ulcer. Also, neovascularization from submucosal vessels is observed in this period. (Page 15 paragraph 8)

We apologize for the confusing description. The quote for the sentence you pointed out is number [30], which is the same for the following sentence; both sentences are the same quote; however, we added a number for clarity.

Please place reference

Therefore, bleeding in gastric ESD may be due to two types of blood vessels: vessels that have been coagulated at the time of ESD and re-bleed causing E-PDB and newly-grown vessels from the submucosal layer that cause L-PDB. (Page 15 paragraph 13)

This sentence is not a citation from another report, but merely our consideration, thus the respective reference absence.

Please place reference

Second, even for patients at low risk of thromboembolism, withdrawal of antithrombotics always increases the risk of a thromboembolic event .

(page 16 paragraph 7)

Thus, these agents should be withdrawn only if they can be discontinued safely, since the outcome is poor once a thromboembolic event has occurred.

(page 16 paragraph 8)

We apologize for the confusing description. We added a citation number to each.