

December 15, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6275-edited manuscript).

Title: Advanced therapeutic endoscopist and inflammatory bowel disease- Dawn of a new role!

Author: Kunjam Modha MD, Udayakumar Navaneethan, MD, FACP

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6275

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

(1) The introduction has been shortened.

(2) The title is now fewer than 12 words

(3) Missing abbreviations have been added

(4) Core tip summary has been added

(5) Language has been modified to eliminate redundant and unclear sentences, grammatical and spelling errors.

(6) In reference to this comment:

Page 7: In the text, it should be mentioned that the two references used (17,18) are reviews. Alternatively, write the references of the studies.

This has been corrected.

(7) In reference to this comment:

Page 8: Please add missing references

Recent literature on the short and long term efficacy of endoscopic balloon dilatation has been promising in this regard (missing reference). Alternatively, endoscopic balloon dilatation could be considered an adjunct to surgery given that it has been shown to add at least 50% efficacy to the initial surgery by prolonging the surgery free period. This was deduced after comparing interval of 6 years from surgery to first endoscopic dilation to post dilatation surgery free period of 3 years (missing reference). It also has the advantages of reduced invasiveness and bowel preservation. Almost all studies have used resolution of symptoms and/or surgery free period as outcomes.

The first line has been omitted as it did not add substance to the information to be conveyed. The missing reference has been added.

(8) In reference to this comment:

Page 9: Please specify in the text, where the amount 112 patients come from and use a reference. The Hassan review only shows studies with max. 60 patients (table 1), as you also describe in the text.

Importantly, endoscopic dilatation was successful in avoiding surgery at the end of the follow-up in 112 (67%) patients. If the patients who had failed for technical reasons, the success rate measured by avoidance of surgery was up to 78%.

112 is the number of patients in whom surgery was avoided out of the total number of patients included in the meta-analysis. This has been clarified in the text along with a reference.

(9) In reference to this comment:

Page 16: Please move the reference from the end of the section to after the sir name of the first author, as done previously in the manuscript.

Tischendorf et al [67] prospectively studied 53 patients out of which 12 patients were found to have CCA based on tissue sampling. Patients underwent cholangioscopy in addition to ERCP, cholangioscopy was found to have higher sensitivity and significantly higher specificity, positive predictive value and negative predictive value than ERC. [67]

This has been changed.

(10) In reference to this comment:

I think the manuscript title is too long and does not explain the real detail that the authors would like to express correctly. The information on the role of endoscopy in diagnosing and treating IBD is too descriptive. The authors should put the concept on the use of these endoscopies in their own words and explain more in technical detail; otherwise this is more like a review on what is going on in this field but no practical point to be noted by the readers.

We have shortened the title as requested by the reviewer. We have added more technical details on how as an advanced endoscopist we would manage patients.

(11) In reference to this comment:

Introduction part is too long and overlapping with following texts.

We have shortened the introduction as requested and corrected the spelling errors.

3 References and typesetting were corrected

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

Sincerely yours,

Udayakumar Navaneethan

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