

November 11 2021

Lian-Sheng Ma, PhD, Professor
Editor-in-Chief
World Journal of Clinical Cases

Re: 71347

Title: Endoscopic Submucosal Dissection for early signet ring cell gastric cancer: A Systematic Review and Meta-Analysis

By Chun-Yan Weng, Shao-Peng Sun, Chang-Cai, Jing-Li Xu, Bin Lv

Dear Professor Lian-Sheng Ma:

Thank you very much for your correspondence dated November 8, 2020, regarding the review of our manuscript. We are pleased to hear that you are considering our manuscript for publication in the “World Journal of Clinical Cases”, following some essential revisions. We appreciate very much the comments and suggestions from the editor and reviewers, and have made changes in the revised manuscript accordingly. The following are our point-by-point responses to the editor’s and reviewers’ comments.

Responses to Editor’s comments and suggestions:

First of all, thank you very much for your ongoing support of the World Journal of Gastrointestinal Surgery and for contributing a manuscript to it.

We are very sorry to inform you that after rigorous peer review and evaluation by the editorial office, your manuscript does not reach the World Journal of Gastrointestinal Surgery’s publishing standard with regards to the academic quality and, therefore, cannot be published in this journal.

A key criterion for accepting a manuscript is that the article must obtain a rating of AAA or AAB or ABB (A: Excellent; B: Very good) for academic content, by all of the three peer reviewers. If none of these ratings are attained, the manuscript will be rejected.

However, due to the interesting topical scope of your manuscript (Manuscript NO: 71347), we can offer acceptance for publication in the World Journal of Clinical Cases, another journal of the Baishideng Publishing Group (BPG), provided the following requirement is met: the

manuscript must be revised according to the current reviewers' comments that have been provided. If you are unwilling, your manuscript will be rejected. We recognize that you may be disappointed regarding the decision of rejection for the World Journal of Gastrointestinal Surgery, but we encourage you to pursue the offer of publication in World Journal of Clinical Cases.

Please make your decision whether you are interested in our offer to publish your manuscript in World Journal of Clinical Cases within 3 days. Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on the "Transfer to Another Journal" under the "Revisions" heading to find your manuscript. Clicking on the "Handle" button allows you to choose to either accept our offer to publish your manuscript in World Journal of Clinical Cases or reject the offer.

The World Journal of Clinical Cases is a high-quality, online, open-access, single-blind peer-reviewed journal published by the BPG.

Best regards,

Lian-Sheng Ma, Editorial Office Director, Company Editor-in-Chief, Editorial Office

Responses: We thank you and the reviewers for the positive assessment and constructive comments and suggestions. We have now revised the manuscript accordingly. The major changes in the text are marked in red. The entire manuscript has been proofread and met the journal's guidelines.

Responses to Reviewers' comments and suggestions:

Responses to Reviewer #1

Reviewer #1: This manuscript was a review article which focused on the feasibility of ESD for early signet ring cell gastric cancer. This study was conducted well, and the methods are appropriate. The data are presented clearly. This topic will be of interest to clinicians and researchers in the field. However, the following major and minor issues require clarification

Responses: We thank the reviewer for the positive assessment and constructive comments and suggestions, which have helped tremendously in the preparation of the revised manuscript. We have now revised the manuscript accordingly.

1. I can't agree with the conclusion that ESD is a technically feasible modality for SRC EGC as the lateral margin invasion was highly detected after ESD. Please reconsider the conclusion.

Responses: Following the reviewer's suggestions, we have now We have revised our conclusions accordingly (Page 2, Lines 47-48; Page 10, Lines 262-263; Page 13, Lines 341-343).

2. As the authors mentioned in the discussion section, the included studies have too much heterogeneity to discuss the feasibility of ESD for early signet ring cell gastric cancer. What we are interested in is whether the indication of ESD for early signet ring cell gastric cancer can be expanded same as that for differentiated-type early gastric cancer. I recommend that the authors provide some data and suggestions regarding the indication from this point of view if possible.

Responses: We thank the reviewer's constructive suggestions. The expanded ESD for early signet ring cell gastric cancer is an interesting treatment. However, as far as we know, there is no relevant data of expanded ESD for early signet ring cell gastric cancer, but we will keep an eye on this development.

3. (P6L6) Please provide unabbreviated words of 'ES'.

Responses: We thank the reviewer's suggestions, we have now supplemented the unabbreviated words of 'ES', effect sizes.

4. The third problem of ESD for SRCs ultimately sounds same as the first one.

Responses: Following the reviewer's suggestions, we have now revised and rearrangement the relative paragraph. (Page 12, Lines 299-318).

5. (Figure 1) The second block (Record removed) in the flowchart may bring confusion.

Responses: Following the reviewer's suggestions, we have now revised the flowchart. (Page 19).

Responses to Reviewer #2

Reviewer #2: General: The authors present a systematic review and meta-analysis about Endoscopic submucosal dissection (ESD) for early signet ring cell cancer (SRC). The authors selected seven studies. The contents and results of these papers are quite different, and it is difficult to examine just them. I think the point of view is good, however, there are several issues in this paper.

Responses: We thank the reviewer for the positive assessment and constructive comments and suggestions, which have helped tremendously in the preparation of the revised manuscript. We have now revised the manuscript accordingly.

1. The authors described ‘5 studies in South Korea and 2 study in Japan’. It looks like 6 studies in South Korea and 1 study in Japan. (2 study → 2 studies)

Responses: We are sorry for the error. We have now corrected them in the revised manuscript accordingly. (Page 7, Lines 172).

2 The authors described ‘5 English and 2 Korean study were selected.’ It looks like 6 English studies were selected. (2 Korean study → 2 Korean studies)

Responses: We are sorry for the error. We have now corrected them in the revised manuscript accordingly. (Page 7, Lines 172-173).

3 Why did this paper exclude the result of Horiuchi’s study in Figure4? Horiuchi’s study shows the data of complete curative resection rate 93.8%, Incomplete resection rate 0% and En bloc resection rate 100%. This data reflects the recent SRC ESD outcomes at high-quality facilities well. If the data cannot be used due to statistical reasons or exclusion, the reliability of this paper will be reduced. Please explain and consider.

Responses: We are sorry for the error. We have now corrected them in the revised manuscript accordingly. (Page 2, Lines 40-42; Page 9, Lines 218-222; Page 10, Lines 252-258; Page 10-11, Lines 267-268).

(1) Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Responses: Following the suggestions, we have now prepared the figures in PowerPoint.

(2) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text (and directly before the References);

Responses: Following the suggestions, we have now added the “Article Highlights” section at the end of the main text. (Page 14, Lines 360-390)

(3) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. *World J Gastroenterol* 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc [6]”. And please cite the reference source in the references list.

Responses: We don't need obtain permission for the use of picture.

Once again we appreciate very much the constructive comments and suggestions from the editor and reviewers. These comments have helped to improve the manuscript significantly. We hope the above responses and the changes made to the manuscript will meet your and the reviewers' expectations. We are looking forward to publishing this manuscript in *World Journal of Clinical Cases*

Thank you again for your time and efforts devoted to the review and editing of our manuscript.

Sincerely,

Bin Lv, PhD
Professor

ROUND 2

Manuscript ID: 71347

Title: *Endoscopic Submucosal Dissection for early signet ring cell gastric cancer: A Systematic Review and Meta-Analysis*

Dear Professor Ma:

Thank you very much for your correspondence dated March 2, 2022, regarding the review of our manuscript. We are pleased to hear that you are considering our manuscript for conditionally acceptance, following some essential revisions. We appreciate very much the comments and suggestions from the editor and reviewers, and have made changes in the revised manuscript accordingly. The following are our point-by-point responses to the editor's and reviewers' comments.

Responses to Editor's comments and suggestions:

1. There are some specific comments to be modified in the second-round review. Please revise the manuscript according to its comments and make a point-to-point response to the review comments. Note that it is not my opinion, but the reviewer's opinion. Please see the attachment (71347_RevisionReviewReport) for the reviewer's opinion.

I felt like the author's addressed most of my concerns with the manuscript and it ended up significantly improving the quality of the article. Here is a suggestion for improvement: 1. (Figure 1) The second block in the flowchart still looks confusing. Please make a modification.

Responses: We have now modified Figure 1 accordingly.

2. The reference sequence is incorrect, and there are many errors, such as the first one, 2 is followed by 5-7. Please revise again.

Responses: We thank you and the reviewers for the positive assessment and constructive comments and suggestions. We have now revised the manuscript accordingly.

3. The signature of the author Jing-Li Xu is missing in your copyright agreement. Please verify it and provide it again. All authors must sign in order.

Responses: We have now verified the copyright agreement.

Once again we appreciate very much the constructive comments and suggestions from the editor and reviewers, which have helped tremendously in the preparation of the revised manuscript. These comments have helped to improve the manuscript significantly. We hope the above responses and the changes made to the manuscript will meet your and the reviewers' expectations. We are looking forward to publishing this manuscript in *World Journal of Clinical Cases*.

Thank you again for your time and efforts devoted to the review and editing of our manuscript.

Sincerely,

Bin Lu, PhD
Professor