

February 12, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7178-review.docx).

Title: Impact of tumor location on clinical outcomes of gastric endoscopic submucosal dissection

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Name of Journal: World Journal of Gastroenterology

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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) Referee: 1

Comments to Authors

This is an interesting study regarding on the technical aspect of gastric ESD, focused on the tumor location. The numbers of the subject are large and the analysis is simple with clear results.

Response:

Thank you for your favorable criticism concerning our study. The present study investigated clinicopathologic outcomes of endoscopic submucosal dissection (ESD) according to tumor location, as you have mentioned. We believe that our data can help

therapeutic endoscopists improve outcomes after ESD, in terms of complete resection and complications, since patients with gastric tumor of the upper third and posterior wall of the stomach have the dissimilar outcomes. We appreciate your comments.

(2) Referee: 2

Comments to Authors

The manuscript presented is a retrospective single-center study with an adequate sample size. In the literature there are many papers the most comprehensive and up to date. The study shows a wide experience in a relatively short period and offers an interesting discussion but has similar experience to other groups. But....Limitations of this study include the fact that does not describe the follow-up. Although the authors report a limited follow-up, in all the manuscript is completely missing the point in time at follow-up. The definition of follow-up is essential to evaluate overall and disease-free survival rates. The abstract is written in a linear stile. It reports the case study and data localization, but it isn't conclusive and does not show interesting conclusions. It does not report data on the instrumental equipment as endoscopes, biopsy forceps, echo-endoscopes, hemostatic forceps, needle knife or an argon plasma coagulation probe which have been used. This is a broad discussion. The authors describe the highlights of their considerations, however, limited to only discuss perforation and bleeding such as post-operative complications. There is no reference to follow-up or recurrence. The discussion is not clear, however, if there is a strong clinical correlation between the tumor site and the method applied. The references are not updated In conclusion, the authors should: 1. define the follow-up 2. report guidelines 3. in materials and methods section defined instrumentation and equipment and complications 4. in discussion, better define the objectives of the work done in the discussions. in particular the relationship between the site and the possibility of site-recurrence, as well as incomplete resection, and better define the complications and their relationship 6. update the bibliography

Response:

We would like to thank the reviewer for their comments. As you mentioned, the present

study has some limitations, including a limited follow-up duration. Long-term follow-up data, including recurrence, disease-free survival, and overall survival, are important information evaluating the effect of risk factors on outcomes. However, this study focused on the outcomes after ESD for gastric tumors with reference to therapeutic efficacy and complications according to lesion location. Although we did not provide long-term outcomes, this study revealed that the two main components for the feasibility of ESD, acceptable complete resection and complication rates, change according to the location of gastric tumors. In addition, the clinical implications of tumor location were based on large-volume data. Nevertheless, the long-term follow-up data concerning the clinical significance of tumor location should be further collected. We revised the Materials and Methods section clarifying the follow-up methods in this study and the Discussion section addressing the limitations and the strengths of the study, in addition to suggesting clinical guidelines based on our data, as you have recommended.

In regards to instruments utilized in ESD, we revised the Materials and Methods section reporting the endoscopic devices used, including endoscopes, biopsy forceps, echo-endoscopes, hemostatic forceps, needle knife, or argon plasma coagulation in detail, as you mentioned. Moreover, we corrected the Discussion section defining the relationship between tumor location and outcomes or complications in greater depth.

Lastly, we updated the bibliography, as you mentioned.

3 References and typesetting were corrected

Thank you for all your valuable comments. We think the reviewers' comments have significantly improved the quality of our manuscript by appropriately guiding our insights.

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