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Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7788-edited.doc).

Title: Endoscopic Assessment and Management of Early Esophageal Adenocarcinoma

Author: Ghassan M. Hammoud, MD, MPH, Hazem Hammad, MD, Jamal A. Ibdah, MD, Ph.D.

Name of Journal: *World Journal of Gastrointestinal Oncology*

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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 reviewers:

Reviewer 1 (02861019):

I have read with interest Your review entitled “Endoscopic Assessment and Management of Early Esophageal Adenocarcinoma” in which the authors summarize the clinical and endoscopic management of early esophageal adenoca. I really appreciate the manuscript Minor issue: In the section epidemiology and risk factors I suggest to update the references with: Alemàn JO et al. Gastroenterology 2014 Zhou X et al Clin Oncol 2008 (meta analysis on Hp and esophageal ca.). Moreover, I suggest to provide a citation for the incidence reported by NCI. Why the Authors do not discuss the role of bile acids in the esophageal carcinogenesis? The section describing the endoscopic and histological diagnosis of BE is well-write and accurate. It is a little concept issue, but I suggest to talk about of dye-based and dye-less chromoendoscopy and not “virtual c.”. The histological description of BE, high grade dysplasia, IMC and invasive carcinoma is complete and accurate. As a little concern, suggest to discuss new interesting cost effective analysis among patients with non-dysplastic BE (GIE 2014; 79(2):242). In the same issue of Gastrointest Endoscopy a metanalysis of endotherapy vs surgery in early esophageal adenocarcinoma was published; in my opinion the Authors should disuss those new interesting data (GIE 2014; 79(2):233).

Authors' response:

- (1) Updated references on epidemiology and added citation
- (2) Added citation to obesity, H pylori and risk of EAC
- (3) Discussed the role of bile acids and EAC
- (4) Corrected grammar and misspelling
- (5) Discussed the cost effective analysis
- (6) Discussed the data on endotherapy and surgery.

Reviewer 2 (02445033):

This is a thorough review on endoscopic management of early esophageal carcinoma. It is well written and references are updated. I would like to make a few minor comments: - In the "Detection techniques" section besides adjuvant techniques, the importance of a careful white-light examination on the detection of advanced lesions on Barrett esophagus deserves commentary (Gupta N, Gastrointestinal Endoscopy 2012) using a high definition endoscope. - EMR and ablation are best performed in high volume referral centers. A center treating early EAC with endoscopy must have all therapeutic modalities available (mainly EMR and RF) and the endoscopists must have a high level of expertise. Perhaps the authors should also comment on this. - Among ablative techniques perhaps RF has the best safety profile. As far as I know there are no randomized trials comparing ablative options, but some retrospective studies show some evidence of this (Eulen A, World J Gastroenterol 2013). - Perhaps a more practical conclusion would be advisable. For instance, a flow chart for the management of HGD/early AC should be included. This would clarify the practical role of these techniques in the overall management of this complex entity (See BSG guidelines, Gut 2014). Finally, there are several typing mistakes. The whole text should be checked. Any case, it is a good review, very suitable for publication in the World Journal of Gastrointestinal Oncology.

Authors' response: Discussed the data as suggested by the reviewer and provided a flow chart of clinical approach to EAC as suggested (new Figure 7).

3. References and typesetting were corrected.

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

Sincerely yours,



Jamal A. Ibdah, MD, PhD