

November 07, 2023

Dear editors and reviewers :

Thank you very much for providing us an opportunity to revise our manuscript (Manuscript NO.: 88278 and Title: Laparoscopic resection and endoscopic submucosal dissection for treating gastric ectopic pancreas).

The comments from editors and reviewers are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our study. In this revision, we have addressed all the concerns in detail and made necessary changes to the article according to the valuable comments of the chief editor and the reviewer. My responses to the comments are described as follows. We hope that our revised manuscript is now suitable for your requirement.

Thank you very much again for your consideration.

Sincerely,

Jian-hua Xu

E-mail: xjh630913@126.com

We appreciate all the editor's and reviewers' positive comments as well as the constructive suggestions as discussed below.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: I have completed the review of the manuscript referred to on the F6Publishing system page. Anyway, I attach my comments here. 1. The authors carried out a retrospective study on the treatment of ectopic pancreas located in the gastric region and defined its characteristics in the endoscopic ultrasound study (EUS). The title adequately reflects the content of the manuscript. 2. Acronyms (GIST) should be identified the first time they appear in the text. 3. The authors present their work as the first to compare the results of laparoscopic or endoscopic treatment using ESD. Given that the laparoscopic group represents 12% of the total (6 cases VS 43), it cannot be considered a true comparative study, especially when it is a retrospective study in which the selection of the technique is not randomized or protocolized. 4. There are excessively long and irrelevant paragraphs, such as the description made of the laparoscopic procedure example, given that this is not standardized. 5. The second paragraph of the discussion refers to the pathogenesis of this pathology. This should be included in the introduction.

1. The authors carried out a retrospective study on the treatment of ectopic pancreas located in the gastric region and defined its characteristics in the endoscopic ultrasound study (EUS). The title adequately reflects the content of the manuscript.

Response: Thank you for your comments and recognition of our work.

2. Acronyms (GIST) should be identified the first time they appear in the text.

Response: Thank you very much for your correction. I have finished the modification.

3. The authors present their work as the first to compare the results of laparoscopic or endoscopic treatment using ESD. Given that the laparoscopic group represents 12% of the total (6 cases VS 43), it cannot be considered a true comparative study, especially

when it is a retrospective study in which the selection of the technique is not randomized or protocolized.

Response: Thank you very much for your valuable advice, and I think your opinion is correct. Because this is a retrospective study, there is inevitable bias. Moreover, because gastric heterotopic pancreas is a rare disease, the number of patients enrolled in the two treatment methods is not balanced.

4. There are excessively long and irrelevant paragraphs, such as the description made of the laparoscopic procedure example, given that this is not standardized.

Response: Thank you very much for your reminder, I strongly agree with your suggestion and have revised it. The laparoscopic resection in this study consisted of two main modalities, including wedge resection using the external flap method and wedge resection using a linear anastomosis, and we briefly describe these two modalities. There are also some other surgical modalities including laparoscopic endoscopic cooperative surgery, etc., which are not described in the text because this surgical modality is not performed for the time being to treat gastric ectopic pancreas, thank you.

5. The second paragraph of the discussion refers to the pathogenesis of this pathology. This should be included in the introduction.

Response: Thank you very much for your comment. I have transferred the content of the pathogenesis to the introduction.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Dear Authors, the manuscript "Laparoscopic resection and endoscopic submucosal dissection for treating gastric ectopic pancreas" describes and compares two techniques in the treatment of gastric ectopic pancreas, which is a rare entity. The manuscript is excellent, interesting for readers, written in a clear and adequate way and deserves to be published in WJGS. Congratulations. I would have the following suggestions for authors: 1. Correct CA-199 to CA-19-9 (typographical

error) 2. I believe that the SI Unit should not be repeated, e.g. (72.42 ± 23.84 min vs. 74.17 ± 12.81 min), I think it is more adequate (72.42 ± 23.84 vs. 74.17 ± 12.81 min), as well as (0.20%-0.25%), it should be (0.20-0.25%) 3. Instead of $P < 0.05$, it should be $p < 0.05$ (lower case, typographical error) 4. "Laparoscopic resection (LR) and endoscopic submucosal dissection (ESD) are both recommended surgical methods for gastric submucosal tumors [9]". ESD is a method of interventional endoscopy, so I think the word surgical should be omitted. 5. It is unnecessary to repeat the number of respondents in the methodology and in the results. It is enough only in the results. 6. "Ultrasound gastroscopy..." is an incorrect name, the correct name is endoscopic ultrasonography. 7. "50 w" should be corrected to 50 W (typographical error) 8. When describing steps in ESD or LR techniques, use only Arabic or only Roman numerals, not both 9. On the pictures, mark A, B, C, D... 10. In the presentation of the results in the tables, mark where the mean value \pm SD is stated (first rows). It can also be marked with *, so it can be mentioned in the legend of the table 11. "...and gastric stromal tumor (GIST)". GIST is the commonly accepted abbreviation for gastrointestinal stromal tumor.

1. Correct CA-199 to CA-19-9 (typographical error).

Response: Thank you for your comments and recognition of our work, and for correcting the details of our article.

2. I believe that the SI Unit should not be repeated, e.g. (72.42 ± 23.84 min vs. 74.17 ± 12.81 min), I think it is more adequate (72.42 ± 23.84 vs. 74.17 ± 12.81 min), as well as (0.20%-0.25%), it should be (0.20-0.25%).

Response: I have made the changes you suggested and appreciate your care.

3. Instead of $P < 0.05$, it should be $p < 0.05$ (lower case, typographical error)

Response: I have made the changes you suggested and appreciate your care.

4. "Laparoscopic resection (LR) and endoscopic submucosal dissection (ESD) are both recommended surgical methods for gastric submucosal tumors [9]". ESD is a method of interventional endoscopy, so I think the word surgical should be omitted.

Response: I have made the changes you suggested and appreciate your care.

5. It is unnecessary to repeat the number of respondents in the methodology and in the results. It is enough only in the results.

Response: I have made the changes you suggested, thank you very much.

6. "Ultrasound gastroscopy..." is an incorrect name, the correct name is endoscopic ultrasonography.

Response: I have modified it to the correct form of expression, thank you.

7. "50 w" should be corrected to 50 W (typographical error)

Response: I have modified it to the correct form of expression, thank you.

8. When describing steps in ESD or LR techniques, use only Arabic or only Roman numerals, not both

Response: I've changed it to the correct form, thanks.

9. On the pictures, mark A, B, C, D...

Response: I've changed it to the correct form, thanks.

10. In the presentation of the results in the tables, mark where the mean value \pm SD is stated (first rows). It can also be marked with *, so it can be mentioned in the legend of the table.

Response: I've changed it to the correct form, thanks.

11. "...and gastric stromal tumor (GIST)". GIST is the commonly accepted abbreviation for gastrointestinal stromal tumor.

Response: Since it is a commonly used abbreviation, I have deleted it. Thank you again for your strong support and dedication to this study.

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

Dear Sirs, I have completed the review of the manuscript referred to on the F6Publishing system page. Anyway, I attach my comments here. 1. The authors carried out a retrospective study on the treatment of ectopic pancreas located in the gastric region and defined its characteristics in the endoscopic ultrasound study (EUS). The title adequately reflects the content of the manuscript. 2. Acronyms (GIST) should be identified the first time they appear in the text. 3. The authors present their work as the first to compare the results of laparoscopic or endoscopic treatment using ESD. Given that the laparoscopic group represents 12% of the total (6 cases VS 43), it cannot be considered a true comparative study, especially when it is a retrospective study in which the selection of the technique is not randomized or protocolized. 4. There are excessively long and irrelevant paragraphs, such as the description made of the laparoscopic procedure example, given that this is not standardized. 5. The second paragraph of the discussion refers to the pathogenesis of this pathology. This should be included in the introduction. Best Regards, J.C. Martín del Olmo, MD, PhD. SCG-HMDC.

Response: We have revised it according to the reviewer's comments and re-uploaded the file as required, hoping to meet your standards. Thank you.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Response: As requested by your journal, all figures showing the same or similar contents have been revised to a uniform presentation. And, we have marked the modified parts in yellow in the manuscript.

Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author’s intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023.

Response: Our figures are original. We have provided the original graphic files, collated the editable figures and placed them in a PowerPoint presentation with the copyright marked under the image.

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Response: We have changed the format of the table according to your request. Thank you very much for your guidance.

When revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the

manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: Thank you very much for reminding us of the imperfect parts in the article. We have supplemented the section "ARTICLE HIGHLIGHTS". the Reference Citation Analysis (RCA) is a very useful tool to help me find the most influential and cutting-edge research, which makes it easier for us to grasp the key points in the process of writing articles and improves the academic level of our articles. We will make full use of this system in the future. Thank you again for providing us with such a valuable system.

Once again, we sincerely thank the editors and all reviewers for their valuable feedback, which we used to improve the quality of the manuscript. If we need to make any other modifications, we are more than happy to make them. Thank you very much for your help. Looking forward to hearing from you. Best regards.