

## ANSWERING REVIEWERS



December 9, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: Revised manuscript\_WJG\_6822.doc).

**Title:** Endoscopic treatment for early gastric cancer

**Author:** Yang Won Min, Byung-Hoon Min, Jun Haeng Lee, and Jae J. Kim

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 6822

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) Reviewed by 00538725

It's an informative review and good for publication.

(2) Reviewed by 02440486

This review summarized endoscopic treatment for early gastric cancer, including the conventional and expanded indications, complications and outcomes. Generally speaking, it is a good review and has significant clinical value. However, there are some minor shortcomings for this article:

1. How to clinically evaluate the EGC? For example, use endoscopic ultrasounography? MRI? or CT?

**Response:** We have described regarding that as follow: "Determining an indication for endoscopic treatment appears to be the most important step in managing patients with EGC. To select appropriate patients with EGC and to achieve a complete resection, the exact margin and depth of tumor could be determined through endoscopic evaluations. The horizontal extent of tumor can be determined with standard endoscopy and chromoendoscopy (CE). In some cases with unclear margins even with CE, magnifying endoscopy with narrow-band imaging could be useful to identify the precise margin. The depth of tumor invasion can also be assessed with standard endoscopy and CE. In addition, endoscopic ultrasonography could be used to further ascertain the depth. However, the accuracy of endoscopic ultrasonography in assessing the depth of invasion in EGC was reported to range from 71% to 78%."

2. If the pathological results after EMD were not consistant with preoperative stage, in other words, if the patient was judged to be an invasive cancer, how to salvage? surgery? chemoradiotherapy? or others?

**Response:** As shown in Table 1, the patients with a cancer invasion beyond the expanded indication according to the final pathologic results need surgery (gastrectomy plus lymph node dissection).

3. There are some grammar mistakes, please check carefully. Please revise the article.

**Response:** We have improved the manuscript as your suggestion.

(3) Reviewed by 02462307

I enjoyed reading this review about endoscopic resection (ER) for EGC. The history and present situation of ER for EGC was written compactly. I do not have major comments. Some minor comments are as follows.

1. Techniques of endoscopic treatment for EGC, 2. ESD, first paragraph. "ESD permits en bloc resection of larger lesions that can be treated with EMR". Is it correct that "ESD permits en bloc resection of larger lesions that can not be treated with EMR" ?

**Response:** We have revised "ESD permits en bloc resection of larger lesions that can be treated with EMR" to "ESD permits en bloc resection of larger lesions than that can be treated with EMR".

2. Complications, 1. Bleeding, third paragraph. You showed that "Significant immediate bleeding occurs more often in the upper and middle thirds of the stomach than in the lower third of the stomach because of the larger diameter of the submucosal arteries in the upper and middle thirds of the stomach." But afterwards, You also say that "At first, delayed bleeding was reported to occur more frequently after ESD for lesions in the lower and middle thirds of the stomach compared to the upper third of the stomach." This expression was confusing. I think first sentence is not necessary.

**Response:** We had described about immediate and delayed bleeding, respectively. In order to avoid readers' confusion, we have revised "In the recent review involving 28 studies with at least 300 ESD cases for EGC, delayed bleeding rates range from 0% to 15.6%" to "In terms of delayed bleeding, the incidence rates were reported to range from 0% to 15.6% in the recent review involving 28 studies with at least 300 ESD cases for EGC".

3. Out comes. "In a retrospective study of EGC that fulfilled the expanded criteria, en bloc resection was achieved in 94.9% (559/589) and 550 of 581 lesions (94.7%) were deemed to have undergone curative resection." Which were references cited of this sentence ?

**Response:** We have added the reference number (69) at the end of the sentence as suggested.

3 References and typesetting were corrected

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

Sincerely yours,

Jae J. Kim, M.D., Ph.D.  
Department of Medicine,  
Samsung Medical Center,  
Sungkyunkwan University School of Medicine,  
50 Irwon-dong, Gangnam-gu,  
Seoul, 135-710, Korea  
Phone: +82-2-3410-3409 Fax: +82-2-3410-6983  
E-mail: jjkim@skku.edu