

Format for ANSWERING REVIEWERS

August 3, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 21214-Review.doc).

Title: Laparoscopic endoscopic cooperative surgery as a minimally invasive treatment for gastric submucosal tumor

Author: Tsutomu Namikawa, Kazuhiro Hanazaki

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 21214

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 The manuscript has been improved according to the suggestions of reviewers:

Reviewer 00068723

Comments to authors:

This invited review provided useful information on LECS. LECS was promising in that the technique might be applicable to duodenal tumor and gastric cancer. LECS were expected to improve non-invasive endoscopic surgery. How were the patients for LECS recruited? How were the patients determined to be subjected to LECS or conventional laparoscopic approach? Were the patients for conventional laparoscopic approach treated before the advent of LECS? The size of GIST ranged from 2.0cm to 4.4cm. Sometimes GIST と larger than 4.4cm are encountered. Were there any reasons that the sized was limited to 4.4cm, such as technical difficulties or safety reasons? Were there any complications regarding LECS? If there were, how was the comparison of complications between LECS and conventional laparoscopic approach?

Responses to Reviewer 00068723

Thank you for your comment and suggestion.

1. With regard to our series, we performed LECS for gastric SMT when the main tumor location was intragastric type. Until the advent of LECS, we performed conventional laparoscopic resection for the gastric SMT less than 5 cm in diameter even if the main tumor location was intragastric type.

2. Basically, the indication of laparoscopic surgery including LECS for gastric SMT includes the tumors less than 5 cm detected on esophagogastroduodenoscopy, computed tomography or upper gastrointestinal barium study.
3. There were no remarkable postoperative complications including mortality, leakage or surgical site infection in both groups.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*

Sincerely yours,

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