

April 22, 2014

Dear Professor Damian Garcia-Olmo  
Editor in Chief, *World Journal of Gastroenterology*

Thank you very much for your response regarding our manuscript. We carefully examined comments and revised the manuscript. We used red font in a revised version. Please review the edited manuscript in Word format. We would be very happy if the revised manuscript would be found acceptable for publication in *World Journal of Gastroenterology*.

**Title:** Early basaloid squamous carcinoma of the esophagus with unusual findings by NBI magnified endoscopy

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

**ESPS Manuscript NO:** 10483

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) Reviewer's comment: Was an EUS performed to evaluate the depth of the lesion before the ESD? If yes I suggest that the authors will describe their findings.

Response: We performed EUS to evaluate the depth before the ESD, and described the finding of EUS in "case report" section and added Figure 3.

CASE REPORT

**INSERTED** In endoscopic ultrasonography (EUS) (20MHz, Miniature Probe), irregularity or thinning of the third layer from a total of five layers, which corresponded to the submucosal layer, was not obvious (Figure 3).

(2) Reviewer's comment: It would be of interest to describe the distance of the lesion from the incisors.

Response: We described the distance of the lesion from the incisor in "case report" section.

CASE REPORT

**ORIGINAL** A 70-year-old man was referred to our hospital due to middle thoracic esophageal tumor.

**REVISED** A 70-year-old man was referred to our hospital due to **esophageal tumor in middle thoracic esophagus, 28cm from the incisors.**

(3) Reviewer's comment: Could the authors specify which were the antibodies used for immunohistochemistry?

Response: We used Alucian Blue immunostaining (which showed positive in BSC) and

$\alpha$ -SMA immunostaining (which showed negative in BSC, different from adenoid cystic carcinoma). We already described this in “case report” section, and added the explanation about immunohistochemical characterization in the “Discussion” section.

#### DISCUSSION

**ORIGINAL** BSC is histopathologically characterized by a proliferation of basaloid cancer cells, forming nests of various sizes in the mucosal epithelium, and the deposition of eosinophilic substances in the stroma.

**REVISED** BSC is histopathologically characterized by a proliferation of basaloid cancer cells, forming nests of various sizes **and  $\alpha$ -SMA negative microcystic structures containing Alcian blue positive mucoid matrix** in the mucosal epithelium, and the deposition of eosinophilic substances in the stroma.

(4) Reviewer’s comment: In both the main text and the figure legends please change  $\alpha$ -SMA “staining” with “immunostaining”.

Response: We changed the expression of  $\alpha$ -SMA “staining” to  $\alpha$ -SMA “immunostaining”.

#### CASE REPORT

**ORIGINAL** The  $\alpha$ -SMA staining was negative

**REVISED** The  $\alpha$ -SMA **immuno**staining was negative.

(5) Reviewer’s comment: Could the findings also represent a variant of BSC and not only an early stage? It is only one case report thus it can not be excluded. This should be also discussed shortly.

Response: We emphasized that the NBI-ME findings in this case may represent not only just specific characteristics for early BSC but also carcinoma growing beneath the epithelium, and added sentence as “In order to clarify the common features of NBI-ME in BSC, accumulation of studies involving more patients are needed.” in the “Discussion” section.

#### DISCUSSION

**ORIGINAL** However, those findings may represent not only just specific characteristics for BSC but also carcinoma growing beneath the epithelium.

**REVISED and INSERTED** However, **this is just a presentation of only one case, and we should consider** those findings may represent not only just specific characteristics for **early** BSC but also carcinoma growing beneath the epithelium. **In order to clarify the common features of NBI-ME in BSC, accumulation of studies involving more patients are needed.**

(6) Reviewer’s comment: Figure 2: Please mark the loop-shaped irregular microvessels and the irregularly branched non-loop thick vessels. It would be easier for the reader.

Response: We appreciated for the comment, and **In Figure 2, we marked the irregularly branched non-loop thick vessels by arrows**. The loop-shaped irregular microvessels was not marked because the microvessels would be understandable without marking.

3 References and typesetting were corrected.

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

Sincerely yours,

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