

Dear Editors,

thank you for your positive feedback on our manuscript entitled “Novel technique for endoscopic en bloc resection for lesions up to 30 mm (EMR+)”. Thank you for your constructive and valuable comments that helped us to improve our manuscript. We appreciate the opportunity to resubmit our manuscript after revision. Our response to the reviewers and editorial office is attached at the foot of this letter.

Yours sincerely

Benjamin Meier and Karel Caca

Response to Reviewers

#1

Thank you for your valuable comments. Thank you for your comment on the missing information regarding resection sites. We have now included this information in Results and Tables. We have decided to change the title of our manuscript (see also response to reviewer #2) because the former title implicated sufficient en bloc resection for lesions up to 30 mm (not proven by our study design and study results). The new title now includes the information that the technique was evaluated in a porcine model. Unfortunately, a more detailed title (location of the lesions, treated organ) is difficult to define because of the restriction to 12 words. We kindly ask you for acceptance of the new title.

Grasp and snare techniques certainly lack of novelty. Successful clinical use of AWC has been reported recently by Walter et al. Additionally, safety and efficacy of LiftUp has now been shown in a recent study published by Wedi et al. (both references are now included in the discussion of our revision). However, in both studies either AWC or LiftUp was further evaluated. In consequence, novelty of our technique (EMR+) is defined by combination of AWC and LiftUp.

After injection of LiftUp a stable and permanent cushion was created. Consecutive EMR could be achieved without technical problems. Resection sites and resection specimens could be well assessed regarding macroscopic complete resection. ESD was not performed in our study, so potential difficulties with identification of dissection plane after injection of poloxamers cannot be judged.

Thank you again for your comments.

#2

Thank you for your valuable comments. We agree that our aim (“novel technique for lesions up to 30 mm”) probably is too optimistic. Additionally, our title implicates that the technique allows sufficient en bloc resection for lesions up to 30 mm (not proven by our study design and study results). In consequence, we have revised the aim (“To develop a modified endoscopic enbloc resection technique using an external additional working channel and novel agent for submucosal injection”), the core tip and title (“Novel technique for endoscopic en bloc resection (EMR+) – Evaluation in a porcine model”) of our manuscript. In the discussion section we describe EMR+ now as “novel en bloc resection technique” and not as “novel technique for en bloc resection for lesions up to 30 mm”.

Successful clinical use of AWC has been reported recently by Walter et al. Additionally, safety and efficacy of LiftUp has now been shown in a recent study published by Wedi et al. (both references are now included in the discussion of our revision). However, in both studies either AWC or LiftUp was further evaluated. In consequence, novelty of our technique (EMR+) is defined by combination of AWC and LiftUp. Certainly, potential advantage of EMR+ over other techniques (such as ESD or other modified EMR techniques) needs to be further evaluated in comparative trials. We have now revised the “study limitations” in the discussion section and our conclusions.

Resection of regular mucosa (“mimic lesions”) certainly is the major limitation of our study. We now emphasize that fibrosis and morphological features have a high impact on resectability so further clinical studies are urgently needed. LiftUp has not been evaluated in submucosal fibrosis or real neoplasia to date (answer to minor comment).

IRB information is described in Methods/in vivo model. In vivo experiments were approved by the local authorities/institutional animal care and use committee (page 3, animal approval.pdf).

Resection sites are now described in Results and Tables (area of the greater curvature).

Thank you again for your comments.

Response to Editorial Office

Thank you for your comments. Because of the short deadline for our revision we would kindly ask you for the possibility to submit the missing documents later (after our manuscript was substantially checked by the editors/reviewers). We would like to comment on some missing documents.

Language certificate

Our manuscript was checked by a native speaker. Our manuscript was classified as language quality A and B by the reviewers. We would kindly ask you to check again if a professional check/certificate really is necessary.

Audio core tip

An audio core tip is now included.

Images

Images are now arranged in PowerPoint and editable.

Institutional review board

In Germany, IRB approval only is necessary when humans are involved in the study population. As all experiments were conducted in a porcine model, study was approved by local authorities and institutional animal care and use committee (page 3, animal approval.pdf).

References

There are no repeated references.

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