

ESPS Manuscript NO: 18286

Columns: REVIEW

Preoperative endoscopic diagnosis of superficial non-ampullary duodenal epithelial tumors, including magnifying endoscopy

Dear Editor:

Thank you for reviewing our manuscript and for offering us some very useful and appropriate comments.

According to your advice, we have revised our manuscript quite intensively. We have attached a revised manuscript and a point-by-point response according to your request. The response highlights the changed portions of the manuscript via underlining.

We hope that this revised version of our manuscript will be deemed suitable for publication in the World Journal of Gastroenterology.

Yours faithfully,

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Point-by-point response to Reviewer No. 2953753

Thank you very much for your considerate comments.

1. Abbreviated definitions such as LGA and LDA are not shared at the first mentioned sentence and that makes the introduction part hard to understand.

Response: Referring to your comment, we have used “low-grade adenoma (LGA)” instead of LDA (page 6,7) in this review. Thank you for your suggestion.

2. Overall there are excess abbreviations which cause great effort to read and understand this review.

Response: Referring to your comment, we have avoided using abbreviations where possible by not using “sporadic non-ampullary adenoma (SNA)”, “non-ampullary duodenal cancer (NADC)” and “superficial adenocarcinoma (SAC)”. Additionally, we have added a list of abbreviations section before the introduction (page 4).

3. Sharing a table for the description of the Vienna classification could also be nice.

Response: Referring to your comment, we have included a table corresponding to the description of the Vienna classification, Table 1 (page 6), and have added the following sentence: “Recently, a new set of categories for classifying gastrointestinal neoplasias (i.e., the Vienna classification) has been proposed (**Table 1**) to bridge the East-West gap^[14].” (page 6).

Thank you again for your careful review and helpful comments to aid us in revising our manuscript.

Point-by-point response to Reviewer No. 2832156

Thank you very much for your considerate comments.

1. This review article seems to devote too many pages in the section "4) Vessel plus surface classification system..." using authors' unpublished data. All figures and tables are cited in this section. By contrast, other sections seem to be enumeration of previous reports. I recommend authors to reconstruct it in a balanced fashion as far as possible.

Response: Thank you for your comments. I agree with you. We deleted Tables 1, 2, 3 and the related sentences from the original manuscript. Furthermore, we have added the following sentences and table in another section (page 9): "In a Japanese multicenter study, the mean tumor diameter of C4 lesions was significantly larger than that of C3 lesions. C4 lesions were solitary or showed a predominantly red color significantly more frequently than C3 lesions. There were no significant differences between final histological grade and other endoscopic findings, such as tumor location and macroscopic type (Table 2)^[5]." Additionally, we have added the following sentence and figure in another section (page 11): "Recently, Kikuchi et al. have proposed a diagnostic algorithm of M-NBI for SNADET, as shown in Figure 2^[16]." We are allowed to reproduce these Table and Figure in this review from John Wiley and Sons who are licensed content publisher. We have also referenced **Figure 1** in another section (page 10) and **Figures 3 and 4** in another section (page 11).

2. Abbreviations are slightly confusing. I recommend authors to show them in a table or a figure.

Response: Referring to your comment, we have added a list of abbreviations section before the introduction (page 4).

3. "A bstract" should be corrected to "Abstract."

Response: Referring to your comment, we have corrected "A bstract" to "Abstract".

4. In the 2nd paragraph of "Introduction", I recommend authors to mention why complication rate is high in duodenal treatment.

Response: Referring to your comment, we have added the following sentence in the 2nd paragraph of "Introduction" (page 5, 6): “However, the incidence of complications, such as perforation, that are associated with the use of ER to treat SNADET is significantly higher than in any other part of the digestive tract^[6,9,10] because of the thinness of the duodenal wall and its exposure to bile and pancreatic juice^[9,11,12].”

5. In the last sentence of "Introduction", "such as ..." can be omitted because it is repetitive.

Response: Referring to your comment, we have omitted "such as ..." in the last sentence of "Introduction".

6. For the first sentence of the section "Endoscopic diagnosis of SNADET extent, a reference is necessary.

Response: Referring to your comment, we have added the reference “[1] Endo M,···” to the first sentence of the section “Endoscopic diagnosis of SNADET extent and invasion depth”.

7. I recommend authors to suggest a flow chart from diagnosis to therapeutic strategy for SNADETs if possible.

Response: Referring to your comment, we have added the following sentences and figure to “Conclusions” (page 16): “From this review, a suggested algorithm for the management of SNADET is shown in **Figure 8**. Given the heterogeneity of the lesions and the patient population, it is difficult to set guidelines that would encompass all possible scenarios, so each case must be taken on an individual basis.”

Thank you again for your careful review and helpful comments to aid us in revising our manuscript.