

## Format for ANSWERING REVIEWERS

February 02, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15809-edited).

**Title:** NON-POLYPOID COLORECTAL NEOPLASMS: CLASSIFICATION, THERAPY AND FOLLOW-UP

**Author:** Antonio Facciorusso, Matteo Antonino, Marianna Di Maso, Michele Barone, Nicola Muscatiello

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

**ESPS Manuscript NO:** 15809

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

1 Non-polypoid colorectal tumors (NPTs) are commonly found during screening colonoscopy and usually be considered as a diagnostic and therapeutic challenge for the endoscopist. The author Antonio Facciorusso reviewed several aspects of NPT from morphology, diagnosis and Endoscopic treatment. The review per se has its own clinical meaning and might be found interesting not only by endoscopists. Due to the reason above, I recommend we accept this review. Even though it might be better if the author could detail the conclusion part of this review a little bit more.

**RE:** We are glad because the reviewer appreciated our work. The conclusion is just a brief reminding of the main concepts expressed in the review. Due to the shortness of our work, we think that an hypertrophic conclusion would be oversized.

2. I read with great interest the study by Dr. Antonio Facciorusso et al. entitled "NON-POLYPOID COLORECTAL NEOPLASMS: CLASSIFICATION, THERAPY AND FOLLOW-UP". The issue is a hot-spot and the manuscript is clear and intriguing. In my opinion, only few revisions are still required 1) Minor revision of the English language 2) Follow-Up paragraph, last sentence: "In case of en bloc resection, surveillance colonoscopy should be scheduled at 3 years for adenomatous lesions  $\geq 1$  cm, or in presence of villous features or high-grade dysplasia patients (regardless of the size)[56]. Less intensive surveillance (colonoscopy at 5-10 years) is needed in case of single (or two) NPT  $< 1$  cm presenting tubular features or low-grade dysplasia at histology[56]." In the real life, under certain circumstances, the surveillance colonoscopy may be even closer, eg dubious radicalism, margins treated with argon after endoscopic resection, excised margin defined as not assessable by the pathologist, .... In order to prevent a too superficial understanding of your important statements, I would be pleased if you could spend some word focusing on these difficult situations.

**RE:** English language has been reviewed. The sentence in the Follow-up paragraph has been modified according to reviewer's requests.

3. In this paper authors discuss classification, diagnosis and endoscopic treatment of colorectal flat lesions. All relevant data on this topic are clearly illustrated in the paper. Tables and figures are adequate. I have no major comments.

**RE:** Thank you.

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

Sincerely yours,

*Facciorusso Antonio*

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