

July 28, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 120622-Revised manuscript)

Title: Endoscopic submucosal tunnel dissection for large superficial esophageal squamous cell neoplasms

Authors: Ya-Qi Zhai, Hui-Kai Li, En-Qiang Linghu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript No: 20622

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

1 Format has been updated

Yes, we have updated the format according to the guidelines for REVIEWS.

2 Revision has been made according to the suggestions of the reviewers

A. Comment from Reviewer: Endoscopic submucosal tunnel dissection seems to be a modification of ESD and not to be an established specific technique, as only a few numbers of manuscripts were found in PubMed/Medline. The authors must describe why endoscopic submucosal tunnel dissection is an independent endoscopic procedure.

Answer: Thanks a lot for your good suggestion. Objectively, ESTD is benefited from the increasingly skilled submucosal dissection technique and advanced endoscopic equipment. Despite that, ESTD is based on the

“submucosal tunnel conception”, which evolved the traditional procedures of ESD “marking-injection-circumferential incision-submucosal dissection” to “marking-injection-anal and oral side incision-submucosal tunnel-bilateral resection”. Preoperative preparation and postoperative management are different from that of ESD, such as endotracheal intubation with mechanical ventilation, CO₂ insufflation and possible increased incidence of air-related adverse events. ESTD for superficial neoplasms is another reflection of digestive endoscopic tunnel technique in mucosal layer, as POEM for achalasia, and STER for submucosal tumors from muscularis propria (MP) layer. Therefore, we believe that ESTD is a new treatment strategy for superficial esophageal neoplasms.

In the “Introduction” section of the revised article, differences between the two techniques were introduced. These had also been described by us in a previously published article (Endoscopy 2013; 45(1): 60-62).

B. Comment from Reviewer: There are lots of abbreviations which are not so popular, such as SESCEN, DETT, STER, EPD, and PLA. Those make readers feel difficulty to understand this review.

Answer: We removed some unnecessary abbreviations, such as ER and PLA. And the remained abbreviations are defined in full at their first appearance. Meantime, the abbreviations were listed at the end of the article. Hopefully, it will help readers to understand the review well.

C. Comment from Reviewer: What is 12th in the first line of Page 11 ?

Answer: Sorry for that. That was a spelling mistake. It means 12 hours and was corrected in the revised article.

3 References and typesetting were corrected

Yes, we have checked all the references cited, giving both PMID and DOI.

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

Sincerely yours,

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