

## Point-by-point-response

Will *et al.*: Endoscopic papillectomy – data of a prospective observational study  
( Manuscript ID: 834 )

Dear Editor,

many thanks for the review of our manuscript.

Enclosed, please, find the changes and corrections based on the reviewer's comments and remarks.

With our best regards,

Dr. F. Meyer

( on behalf of the co-authors )

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### 1) The reviewer wrote:

In adenoma, a tumor recurrence rate was 13.6% (n = 3/22). What kind of treatment was performed for them and how about the results?

### RESPONSE:

Recurrent adenomas were re-approached using endoscopic papillectomy with good success. To include this aspect appropriately into the text, it was changed as follows:

“ ... yet during the follow-up investigation period. **Recurrent adenomas were re-approached using endoscopic papillectomy with good success.**

Considering all patients with malignant tumor growth ... “

### 2) Next, the reviewer remarked:

In malignant lesions, a recurrence rate was 20%. What kind of treatment was performed for them and how about the results?

### RESPONSE:

The two cases out of ten with recurrent carcinoma were transferred to abdominal surgery with favorable outcome. To include this aspect appropriately into the text, it was changed as follows:

„ ... after a mean follow-up investigation period of 18.5 mo (range, 1–84 mo). The two

cases out of ten with recurrent carcinoma were transferred to abdominal surgery with favorable outcome. According to the results listed in Table 5B ... “

3) The reviewer criticized:

Conclusion is too long and does not need references.

RESPONSE:

The section „Discussion“ has been substantially revised (and, in particular, shortened) as marked. A very new section „Conclusion“ has been included with no references as the reviewer demanded. The changed text is now:

“ ... is indicated for the purpose of quality assurance.

**Conclusion**

Endoscopic papillectomy is a challenging interventional approach but a suitable patient- and local finding-adapted diagnostic and therapeutic tool with adequate risk-benefit ratio in experienced hands.

... “

4) The reviewer commented:

In general, the sentences are redundant. Shorten the discussion.

RESPONSE:

As already mentioned as part of the response to reviewer’s point No. 3, the section „Discussion“ has been substantially revised (and, in particular, shortened) as marked, all of them can be found within the text. Especially, repeated thoughts have been excluded.

However, there are several aspects, which appear to be kept in the text, *e.g.*,

- diagnostic of suspected lesions of the papilla
- role of EUS
- basic indications for endoscopic papillectomy such as i) adenoma, ii) carcinoma / NET / lymphoma, iii) papilla which can not be introduced with a catheter, iv) adenomyomatosis,
- R0 resection
- follow-up investigation
- complication profile and rate

- tumor recurrence (rate)
- alternatives of the endoscopic papillectomy
- limitations of the study
- summary
- conclusion.

Therefore, the authors searched for a reasonable compromise between a valuable discussion of interesting accompanying aspects and the reviewer's demand to shorten the "Discussion".

F. Meyer

( on behalf of the [co-]authors )