

ANSWERING REVIEWERS



February 26, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8483-review.doc).

Title: Endoscopic submucosal dissection versus endoscopic mucosal resection for colorectal tumors: A meta-analysis

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Name of Journal: *World Journal of Gastroenterology*

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

1 Format has been updated

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

Reviewer 1

A meta-analysis on this topic is useful. A number of comments may help to improve the paper further.

1. It was mentioned that major proceedings/abstracts were searched but results did not mention anything about whether any abstracts were found or excluded.

We can find the full text of the 6 included studies; We have searched the major proceedings and abstracts, but no eligible proceeding or abstract was found.

2. Authors did not define the outcomes that they were studying in the Methods section. For example, what procedure-related complications were evaluated? How was histological resection defined?

The outcomes of the study are now defined in the text: (1) en bloc resection rate—en bloc removal of tumors in one piece without fragmentation; (2) histologically resection rate—complete resection of tumors with no local tumor residue in both margin and basal sites; (3) local recurrence rate—a histological diagnosis of tumor at the resected site during follow-up; (4) operation time—from marking to resection of the lesions; (5) complications—procedure related bleeding or perforation incidence during or after the operation.

3. A quality assessment of clinical studies that were included in the study may be preferable, for example with the use of Jadad score, even though these studies were not RCTs. It helps to judge why some papers may need to be excluded when there was conflicts in heterogeneity. Investigators involved in the assessment of these studies should be mentioned in the text (abbreviated e.g. JW).

Newcastle-Ottawa Scale was used to assess the quality of the included non-randomised studies in our paper.

4. Publication bias was determined by funnel plot and Egger test, but the actual results should be provided rather than just brief mention in the text.

Egger's test was applied to determine the symmetry of the funnel plot, to identify any publication bias; $P < 0.05$ indicated bias, and $P > 0.05$ indicated no publication bias. We used the en bloc resection rate as the outcome, and no publication bias was detected by funnel plot and the Egger's test ($P=0.217$).

5. What about other factors that could be studied/or that can explain the results for example the size (mentioned in Table 2 but not described) and location of lesions?

Table 2 showed the basic characters of the included studies, not the outcomes. The outcomes of the meta-analysis only include en bloc resection rate, histologically complete resection rate, local recurrence rate, operation time and complications.

6. Legends should be provided for Table 2. Studies mentioned in Table 2 should be appropriately referenced rather than providing names for first author.

There was related legend below Table 2. We have made exchanges according to your advice.

7. Please explain the discrepancy between local recurrence rate and histologically resected rate.

The histologically incomplete resected lesions were re-treated by endoscopy or surgery shortly after EMR or ESD to eliminate the residual tumors, so the local recurrence rate did not cohere with the histologically resection rate.

Reviewer 2

I read this article of a meta-analysis of ESD versus EMR for the treatment of colorectal tumors with interest. ESD for colorectal lesions is still a developing area with a short history compared to ESD for gastric tumors. Since there is no prospective study assessing the efficacy of colorectal ESD, a meta-analysis of retrospective data of EMR and ESD is thus helpful to compare the two procedures. 1. Could you explain why only the articles that compared EMR and ESD were included in the meta-analysis? Because a large data in the 162 studies that included colorectal EMR or ESD were excluded.

The excluded 162 studies did not compare the effect of EMR and ESD for the treatment of colorectal tumors, they only explained the therapeutic effect of one method. The included 6 studies compare the the effect of EMR and ESD for the treatment of colorectal tumors.

2. Could you comment on why ESD showed a lower local recurrence rate than EMR, even though the curative histologically resection rate was similar between the two groups.

The histologically incomplete resected lesions were re-treated by endoscopy or surgery shortly after EMR or ESD to eliminate the residual tumors, so the local recurrence rate did not cohere with the histologically resected rate.

3. Removal of lesions smaller than “2 m” (page5, first line) should be 20mm or 2cm.

I have changed the word “2m” to “2cm” .

3 References and typesetting were corrected

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

Sincerely yours,



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