

Format for ANSWERING REVIEWERS

April 12, 2014

Dear Editor,



Please find the enclosed edited manuscript in Word format (file name: 9103-edited.doc).

Title: Treatment for superficial non-ampullary duodenal epithelial tumors

Author: Naomi Kakushima

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9103

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.

To reviewer 1:

This article attempts to answer an important question and can stimulate further research in this area. Recent studies of Western populations have suggested that patients with sporadic duodenal adenomas are at higher risk for the development of colorectal neoplasia. Therefore, patients with sporadic duodenal adenomas should thus receive routine colonoscopy screening to increase the detection rate of colorectal neoplasias. I recommend that you will focus on this information in the part of “follow up after treatment” of this manuscript. reference) Murray MA, Zimmerman MJ, Ee HC. Sporadic duodenal adenoma is associated with colorectal neoplasia. *Gut* 2004;53:261-265. Ramsoekh D, van Leerdam ME, Dekker E, Ouwendijk RT, van Dekken H, Kuipers EJ. Sporadic duodenal adenoma and the association with colorectal neoplasia: a case-control study. *Am J Gastroenterol* 2008;103:1505-1509.

A: Accordingly, we added the following sentences in the “follow-up after treatment” section.

Recent studies of Western populations have suggested that patients with sporadic duodenal adenomas are at a higher risk for the development of colorectal neoplasia^[97-100]. The odds ratio of colorectal neoplasia among patients with sporadic duodenal adenomas is reportedly 2.4-3.6, and the incidence of colorectal cancer was significantly higher^[97,98]. Dietary risk factors correlated with cancer of the small intestine are similar to those correlated with colon cancer^[101]. Therefore, patients with sporadic duodenal adenomas should undergo routine colonoscopy screening to increase the detection rate of colorectal neoplasia.

To reviewer 2:

This is a well-summarized review concerning treatment for NADETs. It is readable and well-organized. Unfortunately, many endoscopists do not attempt to find NADET during screening EGD because it is very rare. This review can remind endoscopists of the significances of NADETs. Minor comment: Are there differences in the incidence or prognosis according to locations of NADET (bulb, 2nd portion, and third portion)?

A: Thank you for your comment. It is a very interesting point whether the incidence or prognosis of NADETs differ according to locations. The incidence of NADETs is highest in the 2nd portion. However, it is not known whether the prognosis differ according to locations. We added the following paragraph in page 6, first paragraph.

LOCATION OF NADETs

Both benign adenoma and cancer arise most frequently in the second portion of the duodenum, especially the periampullary area^[15-17]. Almost 90% of endoscopically treated lesions are reportedly located in the first or second portion of the duodenum^[11,12]. However, an accurate prognosis according to the location remains unknown for superficial NADETs, although tumors in the first or second portion are reportedly favorable factors for surgically treatable duodenal cancer^[18].

To reviewer 3:

This article is review one about treatment for superficial non-ampullary duodenal epithelial tumors. It is well written and easy to understand. Congratulations!

(1) I suggest to insert some pictures for ESD or EMR in duodenal adenoma or cancer.

A: As suggested, we included a picture for ESD for duodenal cancer (Figure1).

(2) Please change the keyword with MeSH term.

A: As suggested, we changed the keyword to duodenal cancer; endoscopic surgery, esophagogastroduodenoscopy

3 References and typesetting were corrected

4 According to the revision policies for review articles, we increased the references to 102. We provided a language certificate by a professional English language editing company.

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

Sincerely yours,

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