

September 11, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5104-review.doc).

Title: Endoscopic Ultrasonography for Esophageal Squamous Cell Carcinoma of T1a and T1b Stage

Author: Long-jun He, Hong-bo Shan, Guang-yu Luo, Yin Li, Rong Zhang, Xiao-yan Gao, Guo-bao Wang, Shi-yong Lin, Guo-liang Xu and Jian-jun Li

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5104

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

1 Format has been updated and up to 27 references were listed. In addition, the manuscript was edited by American Journal of Experts and got a certificate of Grade A.

2 Revision has been made according to the suggestions of the reviewers (highlighted by yellow shade in this manuscript)

Reviewer #1

Question 1: (Major comment 1) *"The authors need to state how many practitioners/operatives performing the EUS examinations there were and their experience (there is reference to expert 1 and expert 2 but this is not clear in the methods.)"*

Answer: According to reviewer's advice, we had explained exactly in "Device" section as "in Sun Yat-Sen University Cancer Center."

Question 2: (Major comment 2) *"I would suggest moving the ROC curve figure (labelled as figure 3) into the main manuscript as I think it is a supplemental figure at the moment."*

Answer: Yes, we had removed the ROC curve as submitted it as a supplemental figure.

Question 3: (Major comment 3) *"Did the authors use a balloon on the echoendoscope?"*

Answer: Yes, we did use a balloon on the echoendoscope and it was described in "Device"

section.

Question 4: (Major comment 5) *“The conclusions need to be strengthened - how can we improve EUS as a staging modality? Is this a training issue? Is this a technological issue?”*

Answer: Yes, this article was just a fundamental work and our team tried to employ a novel technique (submucosal saline injection combined with EUS) to overcome the defect of EUS and enhance the accuracy for staging early ESCC preoperatively. We have stated above in the last paragraph of “DISCUSSION” section.

Question 4: (Minor comments) *“1. Redundant "the" , the lymph node metastases... 2. Change "an accurate diagnosis and the ability to distinguish between T1a and T1b stage of ESCC" stage to lesions 3. Spelling "on distincwishing" 4. Remove "adenosquamous carcinoma and sarcoma, However, there were no other reports on squamous cell carcinomas." and just state that there is a paucity of data concerning ESCC. PATIENTS AND METHODS 1. Change "with the third layer complete or intact" to an intact third layer. DISCUSSION 1. Change "Firstly, minor cases of ESCC originated in the upper and lower sections (9 and 11, respectively), which may have adversely affected statistical accuracy." to Firstly, a minority of cases...”*

Answer: We have corrected all above errors according to reviewer’s suggestion.

Reviewer #2

Question 1 and 2: *“1. the text needs thorough revision of the english form, since numerous sentences are often awkward and difficult to follow. 2. again, there are several typographic errors that need corrections.”*

Answer: Yes, an English -speaker expert have already revised the whole text and corrected all grammatical and typographic errors.

Question 3 and 4: *“3. it is not clear to me whether data from the two independent assessors were statistically compared; this should be better explained in the text and in the statistical section;4. again, all the statistical test used should be firstly reported in the statistical analysis section..”*

Answer: We had stressed this advice into *“Statistical analysis”* section.

Question 5: *“it could be interesting if the authors could also give the reader an idea of the accuracy of TC and MR tests compared to US, since I suppose that all patients were also studied with one or both these techniques.”*

Answer: we had added the corresponding content about CT and MRI for staging ESCC into “INTRODUCTION” section.

Reviewer #3

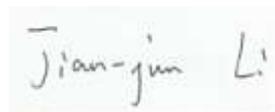
Question: *“This is a retrospective study for diagnostic value of EUS for early esophageal cancer with squamous cell carcinoma. The authors concluded that EUS demonstrated median degree of accuracy for distinguishing between T1a and T1b stage of ESCC, and so it is necessary to enhance EUS for staging early ESCC. In fact, there have been many studies on the accuracy of EUS in esophageal cancers, of which are reported in Japan. In addition, the use of high-frequency catheter probe such as 20 or 30 MHz is the main stream in differentiating m cancer from sm cancer. Therefore, how about the incidence rate of using probe in this study although the authors stated the use of EUS scope? If only EUS scope was used, what is the accuracy of LN metastasis?”*

Answer: Thanks for reviewer’s advice. In fact, what we concerned in this article was T1a and T1b stage, because it is very important to identify sub-stage of early ESCC preoperatively which are key concern for physicians and surgeons to choose a suitable treatment (endoscopic treatment or esophagectomy). In this article, the N stage as well as the use of high-frequency catheter probe was not the key.

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink that reads "Jian-jun Li". The signature is written in a cursive style and is placed on a light-colored rectangular background.

Jian-jun Li M.D.&Ph.D.

Associate Professor

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