ANSWERING REVIEWERS

19th of September 2013
Dear Editor,

Please find enclosed the edited the full-text manuscript in Word format

Title: An effective and safe gastric endoscopic submucosal dissection in the right lateral position using an inverted overtube

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ESPS Manuscript NO: 5470

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
3. References and typesetting were corrected

All response to comments are as following pages.

Sincerely yours,

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REVIEWER #1 (1438559)

This is an interesting case report of the use of a novel inverted type overtube during endoscopic submucosal dissection in the stomach. There are several concerns among this manuscript.

COMMENT

1) The authors report the efficacy and safety based upon two cases. Since this is the first report among human subjects, what could be the expected objection or side effect in using this overtube.

RESPONSE

Thank you very much for your valuable comments. It might be possible to have some side effects in using this inverted overtube. We have already performed gastric endoscopic submucosal dissection (ESD) in 6 patients until now using inverted overtube. As we performed and experienced more cases, we realized that in gastric ESD the usefulness of this overtube depended on where the lesion located. As well as emergency hemostasis, we should decide to use this overtube as the case where it is necessary. We haven't experienced any complications in using this overtube. However, in one case, as we experienced aspiration pneumonia after ESD, more suction of oral cavity should have been needed to prevent misswallowing during ESD. At first, we felt somewhat inconvenience of maneuvering endoscope and realized some technical difficulties-how to use this overtube as follows: we should use much amount of lubricant to make endoscopic control smooth. We should stand close to patient and grip endoscope as close to the inverted overtube as possible to conduct move directly.

It may be worth considering to change patients' position like colorectal ESD by using this overtube if it is very difficult for us to perform ESD in left lateral position due to inappropriate angle and distance between the electric knife and the gastric mucosa.

We carefully discussed these issues in DISCISSION section (Page5).

COMMENT

2) There have been several ideas to facilitate ESD among lesions in difficult locations such as; using a multi-bending scope, using two endoscopes, using traction with clips or anchors. Discussion with these previous reports would be better to highlight the efficacy of this method.

RESPONSE

We appreciate your suggestions. Accordingly, we revised and added sentences in DISCUSSION section (Page 5).

COMMENT

3) The sentence in the introduction "difficulty depends on..." is repeated in the discussion. It would be better to clarify which difficult position is a good candidate to use this method in the discussion.

RESPONSE

We are sorry for our careless mistake. We revised and included necessary information in revised manuscript (Page 4).

COMMENT

4) English editing is preferable.

RESPONSE

We are sorry for our poor english. We asked for editing our text by native English colleague and accordingly we revised our entire manuscript.

REVIEWER #2 (1804208)

This paper describes an inverted overtube which could help perform gastric ESD when rotating the patients' position from left to right. Although the idea is interesting, there are still some problems as described below:

COMMENT

1. Before the ESD procedure, routine gastric endoscopy and CT should be performed which could confirm the definite position of the lesion. Why did you change the patients' position until marking the resection line rather than with right lateral position at the beginning?

RESPONSE

As you pointed out, we conducted routine endoscopic examination and computed tomography (CT). Although seven days before ESD, we performed endoscopic examination and decided to use the inverted overtube, we began performing ESD in left lateral position and marking the resecting lesion, and as well as colorectal ESD, when it came to cut the mucosa by electric knife, we reassessed which was the best position to cut the mucosa safely. Depending on patient's condition, we performed ESD without inverted overtube in left lateral position. In gastric ESD, we decided to use this overtube case-by-case. We revised and added these sentences (Page 5, line 1) in DISCUSSION section.

COMMENT

2. If the patients were in the right lateral position, endoscopists could stand at the patients' right hand. Why do you need the inverted overtube?

RESPONSE

Thank you for your comments. We think that in gastric ESD the usefulness of this overtube depended on where the lesion located. We should decide to use this overtube case-by-case. We began performing ESD in left lateral position and marking the resecting lesion, when it came to cut the mucosa by electric knife, we reassessed which was the best position to cut the mucosa safely.

Endoscopists perform endoscopic treatment procedures with the patient lying in the left lateral position. When we decided to rotate the patient's position, the use of the inverted overtube helps endoscopist rotate patient's body to the right lateral position more easily. And even during ESD, if we feel somewhat inconvenient in right lateral position, we easily rotate the position using inverted overtube.

It may be worth considering to change patients' position like colorectal ESD by using this overtube.

COMMENT

3. You should provide some basis for how you can get advantage form the overtube? Do you have any scientific data, for example, complete resection, procedure time or post-procedural complications?

RESPONSE

I agree with you. According to your suggestion we revised and added such information in revised manuscript (Page 4, line 14).

REVIEWER #3(1445135)

COMMENT

This case report showed usefulness of the right lateral position using inverted overtube for gastric ESD. I strongly interested in this instrument and thought its merit for the lesion located especially in gastric fornix.

Major commnets

1. The presented case might not suitable for showing its usefulness because it is possible to change the distance and appropriate angle by changing scope, for example, multi bending double channel scope. Moreover, I thought that the scope used in the presented case might be multi bending scope. Is it wrong?

RESPONSE

Thank you for your informative and precious comments.

These raised issues we carefully discussed in revised DISCUSSION section (Page 5, line 8)

COMMENT

2. In case presentation, you should mentioned about short-term outcome of the treatment more clear; used devices, lesion size, macroscopic type), procedure time, and information about adverse events.

RESPONSE

As you pointed out, we should have mentioned about short-term outcome of the treatment. Accordingly we revised and added this information (Page 4, line 5-6) in revised CASE REPORT section.

COMMENT

3. Most parts were seemed to overlap between INTRODUCTION and DISCUSSION. Authors should emphasize appeal point of this case report.

RESPONSE

As you pointed out, there are a few same sentences in both of INTRODUCTION and DISCUSSION section. We are sorry for our careless mistake. Finally we revised our entire manuscript for possible error.

Minor comments:

1. As for the difficulty of gastric ESD is mentioned in INTRODUCTION and DISCUSSION section with almost same sentence. Then reference No. should be placed at the former.

RESPONSE

As you pointed out, we revised the reference number correctly.

Minor comments:

2. Tatsuo Yachida, listed in the author list in the title page, was disappeared in Author Contributions. Who is she/ he?

RESPONSE

I am sorry for our careless mistake in Author Contributions. Dr. Tatsuo Yachida is one of our co-authors. We revised and added his contribution in Author Contributions.

REVIEWER #4(2540686)

COMMENT

1)Author made a conclusion that 1) the patient's position 'must' be altered in gastric ESD; 2) the use of the inverted overtube is the 'best' method; and 3) this new ESD technique is the 'most' effective way. However, I don't think it reasonable to make a such firm conclusions based on only two cases. In addition, I am now successfully performing ESD without changing patient's position in all cases. Therefore, please revise your conclusion in 'Discussion' part and 'core tip'.

RESPONSE

As you pointed out, our conclusions and expressions were rather exaggeration. According to your suggestion we revised and added such information in revised manuscript (Page 4, line 24) (Page 5, line 5) (Page 5, line 8) in DISCUSSION and Core tip section.

COMMENT

2)In 'Introduction' part, author described that 'LC side of the lower body' was difficult location to perform ESD. I agree that it is sometimes difficult to apporach the lesion and make lesions horizontal relative to electrosurgical knife at that location. In my case, however, I can easily overcome those difficulties by performing submucosal injection or manipulating endoscope or air insufflation in nearly all cases. Please discuss what is the advantage of inverted overtube technique over above-mentioned methods not requiring special device.

RESPONSE

I agree with you. Maybe, you are an expert of ESD. We have already performed gastric ESD using inverted overtube in 6 patients until now. As we performed and experienced more cases, we realized that in gastric ESD the usefulness of this overtube depended on where the lesion located and who performed the ESD, and we should decide to use this overtube as the case where it is necessary. One of the advantages of the inverted overtube is for endoscopists to perform gastric ESD with less stress because endoscopists are in their conventional standing position relative to patients rotated to the right lateral position. According to your suggestion we revised and added such information (Page 4, line 17-21).

COMMENT

3)I think this inverted overtube technique would be benefical for beginner rather than for expert

RESPONSE

We agree with you. We think this inverted overtube would be benefical for beginner depended on where the lesion located, and we should decide to use this overtube as the case where it is necessary. It may be one option during gastric ESD. According to your suggestion we revised and added such information (Page 4, line 17-21).