

May 2, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10269-edited).

Title: Long-term outcome and quality of life after transoral stapling for Zenker diverticulum

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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

(1) Mallampati and Cormack scores have been described in the Results section of the manuscript and the pertinent references have been incorporated. Unfortunately, we did not use the Brombart classification in our series and in previous published studies. While we agree with the reviewer that it is a valuable staging tool, we believe that our method of measuring the size of the diverticulum that integrates radiological-endoscopic findings and takes into account the length of the septum may better apply to patients undergoing a transoral surgical approach without diverticulectomy. In fact, the 3 cm cut-off reflects the length of the staple cartridge.

(2) Transoral stapling is our preferred primary approach to Zenker diverticulum. This approach allows further evaluation of the morphology of the pouch and ultimate measurement of the length of the septum. Over the study period, we have primarily treated by cricopharyngeal myotomy only 3 patients who presented with a 1-2 cm diverticulum (Brombart type I-II). We have added this information in the Results section of the manuscript.

(3) Transoral stapling with traction sutures was performed in 51 patients who have indeed a shorter follow-up because this technical modification was introduced later during the study period. However, it should be noted that the risk of bias was reduced by including in the analysis patients with a 1-year minimum follow-up. Furthermore, all recurrences occurred within one year from surgery.

(4) We agree with the reviewer that the contemporary debate on treatment of Zenker diverticulum is dominated by the possibility of interventional flexible endoscopy even under deep sedation. We have added a statement in the discussion along with pertinent references.

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

Sincerely yours,

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