

ANSWERING REVIEWERS

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Observational Study

Usefulness of a novel slim type FlushKnife-BT over conventional FlushKnife-BT in esophageal endoscopic submucosal dissection

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We are grateful to the editors and reviewers for the helpful comments on our manuscript and appreciate that you gave us the opportunity to revise our manuscript.

We have addressed the answers for all the comments. We hope that our revisions are satisfactory.

Comments To Authors

The treatment only the esophageal lesions and the retrospective nature of the study are not clearly stated in the Introduction and in Material and Methods. These data should be included in the Introduction and in Methods Sections. Why did the authors only include esophageal

lesions?

>Thank you for your comment. We included these data in the Introduction and in Material and Methods. This time, we included only esophageal ESD because esophagus is a narrow tract compared to stomach and colorectum and inflated air inside affects the procedures easily. Therefore, it was thought to be a good candidate for first investigation into the efficiency of novel slim type FlushKnife BT. We are planning to clarify the effectiveness in other organs in the near future.

In “Methods Functional Experiment section”, the resistance of insertion needs some information regarding the measuring instrument by the NIDEC-SHIMPO CORPORATION, because most of the readers will not know, not only this corporation, but also the method in which measurement is obtained.

> Thank you for your comment. A measuring instrument named force gage FGP-5 produced by NIDEC-SHIMPO CORPORATION was equipped with the FlushKnife-BTS and FlushKnife-BT, inserted into the endoscope equipped with a working channel of 2.8 mm, and then the resistance during insertion was measured. We included this in the method.

The evaluation of the water-jet is correct, probably because it only depends on the diameter of the device channel. Nevertheless, the authors did not consider if the endoscopy angle had any influence on the flushing ability.

>We are sorry for that. The waterjet flushing speeds of the knives were measured with the FlushKnife-BTS and FlushKnife-BT straight, without insertion through the endoscope.

In Methods, all the data evaluated should be included, and the extension of the lesions in relationship with the percentage of circumference affected has been included in “Table 1 patient lesion characteristics” and in the Results section but not in Methods.

>Thank you for your pointing out. We included all the data evaluated in the method.

Although there are some statistical differences between the use of these two devices the number of patients included was very low, which is also commented by the authors. However, the only explanation is the retrospective nature of the study, which is only stated at the end of the Discussion.

>As you point out, the number of the patients is quite low and it is really the limitation of this

study. We should have put introductory remarks as to it, and added the statement in the middle part of the discussion, not only in the end.

Since this study is limited to the treatment of esophageal lesions, the comment on the use of this device in other localizations should be excluded in the Discussion.

>Thank you for your comment. We excluded the comment about ESD in other localizations and just put statement that further study including ESD in other organs is desired in the near future.

Acronyms should be used at least in the tables

>We feel sorry but could you please show us for which part acronym should be used?

The authors also comment that the use of this device should be tested by other less experienced operators.

>Thank you for your comment. We added the statement that the use of this device should be tested by other less experienced operators.

In the retrospective series described a total of 49 patients were treated with a total of 56 ESD procedures. Were the rest of the procedures done by these two devices? Were all the lesions included in figure 5 esophageal lesions? If not, figure 5 should be changed.

>The rest of the procedures were done by the two devices and by endoscopists other than the experienced operator included in the study. All the lesions are included in figure 5.

In summary, the authors demonstrate that the thinnest device has real advantages over the older model, but the small number of cases included did not allow achieving statistical significance in some of the aspects analyzed, and they assume that the suction facilities due to the reduction of the diameter of the new device is the main reason for these advantages. It is not clear why these advantages were not clearly found in small lesions.

>Thank you for your comment. The reason why treatment speed only improved with FlushKnife-BTS when the resection size was large may be that, in ESD of a small resection size, the effects by a reduced frequency of knife replacement, smooth knife insertion, and fine knife control with FlushKnife-BTS were not clearly reflected due to the short procedure time and fewer knife replacements, but became more evident as the resection size became larger and the procedure time

increased. We are including this statement in the discussion and hope this convinces you.

Thank you again for your comments on our paper. We hope that the revised manuscript is suitable for publication.