

## ANSWERING REVIEWERS

March XX, 2022

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 74249\_Auto\_Edited.docx).

**Title:** Early gastric cancer presenting as a typical submucosal tumor cured by endoscopic submucosal dissection: changes in its endoscopic features over 4 years

**Authors:** Joon Hyun Cho, Si Hyung Lee

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 74249

Thank you very much for your kind comments.

We tried to revise the manuscript as much as possible according to the suggestions made by the reviewers and the Editorial Office's comments and suggestions, and enclosed revision detail and revised manuscript.

We hope all these revisions will be satisfactory.

The manuscript has been improved according to the suggestions of reviewers and the Editorial Office's comments and suggestions:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer and the Editorial Office's comments and suggestions

**Answers to Reviewer No. 05469157**

**(highlighted by yellow color in the updated version of the manuscript)**

1. References should be newer in publishing time. There are 31 references cited in this manuscript, including 16 were twenty years ago, 7 were ten years ago, and only 8 were in the past ten years.

Answer) Thanks for your delicate remarks. As your comments, we have tried to refine the references to be more recent ones.

2. The treatment of ESD has been developed for many years, and was applied in many hospitals. Therefore, the authors should provide the newer information about ESD and cited in this manuscript for the readers.

Answer) Thank you very much for your valuable comments.

As your comments, ESD treatment has evolved over the years, and new information has emerged.

In fact, we did not provide detailed or up-to-date information on ESD because this case report did not focus on ESD treatment or technique. We look forward to your generous understanding. If you have any additional comments about this, we will gladly revise the paper accordingly.

3. This is a good case for SMT-like gastric cancer cured by ESD alone four years later after initial detection.

Yes, I agreed the first and second conclusions mentioned by authors, but the third opinion is not new and created for ESD, EMR and EUS, in my view.

Answer) We really appreciate your valuable comment.

To our knowledge, there have been few reports of SMT-like gastric cancer in which mucosa overlying the SMT appeared completely normal. So, we thought it was one of the important meanings of this case report. We have combined the third conclusion you pointed out with the second conclusion (at the page 7 of the revised manuscript. cf: The first half paragraph of the CONCLUSION section in the originally submitted manuscript was moved to the beginning of the DISCUSSION section in the revised manuscript according to the recommendation of another reviewer). In addition, the second half of the conclusion is cautions and highlights of the present case rather than the important meanings. We further refined and summarized the CONCLUSION section. If we misunderstood your point, please let us know. We will be happy to revise our conclusions according to your additional comments.

#### Answers to Reviewer No. 03662955

This is a well-written manuscript which reports a rare SMT-like gastric cancer cured by endoscopic resection alone. It is meaningful to help avoiding overtreatment for such SMT-like gastric cancers. Although the review of literatures for SMT-like gastric cancers in discussion was comprehensive and detailed, I recommend adding a table for sumarization of these articles. In conclusion, this manuscript is interesting and suitable for publication.

Answer) I really appreciate your valuable comments.

While reviewing the literature on SMT-like gastric cancers, we tried to make a table summarizing these literatures. However, it was so difficult to present a table due to the very large number of relevant literature and the difficulty of setting the criteria for summary. We hope your generous understanding. If you provide additional comments, we will gladly revise the paper accordingly.

#### Answers to Reviewer No. 05194798

(highlighted by green color in the updated version of the manuscript)

This manuscript is a case report of a patient with early gastric cancer presenting as a submucosal tumor which was observed over 4 years and cured by endoscopic submucosal dissection. This is a rare case which includes informative information. The data are presented clearly and the discussion is well written. However, the following minor issues require clarification: Minor

1. Please provide diagnostic methods confirming the absence of H. pylori infection.

Answer) Thanks for your delicate remark.

We are sorry to make you confuse. After the biopsy results of HGD were reported, we performed the test for H. pylori during hospitalization for endoscopic treatment. We described diagnostic methods confirming the absence of H. pylori infection in the "FINAL DIAGNOSIS" section. (at the page 6 of the revised manuscript).

2. (P8L9) Is it correct that the histology was "well-differentiated"?

Answer) Thanks for pointing out our mistake.

We have corrected "well-differentiated" to "moderately-differentiated" (at the page 8 of the revised manuscript).

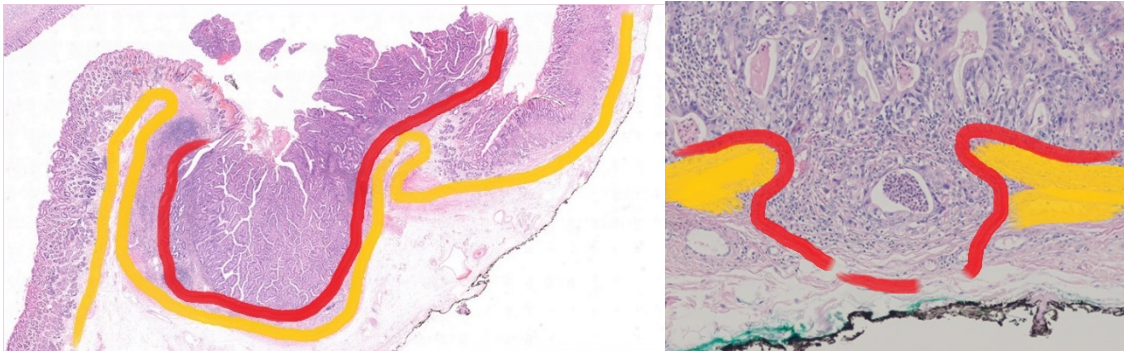
3. (Figure 4A) There are too many black triangles, which interfere the gross appearance. Please delete some of them.

Answer) As your comments, we delete some black triangles in the Figure 4A

4. (Figure 4B) Tumor seems invade to deep submucosa in Figure 4B, and I can't find the area of minute submucosal invasion presented in Figure 4D. Please explain histopathologic findings regarding the depth of the tumor in more

detail.

Answer) We re-reviewed the pathology slides under the consultation of pathology professor, and reconfirmed that there is no deep submucosal invasion by tumor, only minute submucosal invasion with penetration of the muscularis mucosa as shown in the Figure 4-D. In the reference figure below, the yellow line indicate muscularis mucosa and the red line indicate the tumor.




5. I recommend that the first half of the conclusion is described in the beginning of the Discussion section and the conclusion is more summarized.

Answer) Thank you very much for your attentive point.

As your comments, the first half of the conclusion was described in the beginning of the DISCUSSION section. (at the page 7 of the revised manuscript, (highlighted by yellow color)) and the CONCLUSION section was more summarized and refined. (highlighted by yellow color)

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

Sincerely yours,

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