



Ribeirão Preto Medical School
Department of Surgery and Anatomy
Division of Digestive Surgery
Surgery and Endoscopy of the Gastrointestinal Tract



14th of June 2015

Dear Editor,

Please find enclosed the edited manuscript containing an electronic copy of the full-text manuscript in Word format (file name Santos JS ESPS Manuscript NO: 14894).

Title: Endoscopic papillectomy: The limits of the indication, technique and results

Author: José Celso Ardengh, Rafael Kemp, Éder Rios Lima-Filho, José Sebastião dos Santos

ESPS Manuscript NO: 14894

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 reviewers.

The comments 1 and 2 were added to the work, others are not grounds for correction.

(1) Part of indications Paragraph 1: “However, the indications for EP are expanding [10, 19-24]. For example, the piecemeal resection, when properly performed, provided increasing resections”. Please explain “piecemeal resection” more clearly. When it should be used? **The endoscopic piecemeal technique is used to removing tumors that can’t be removed en bloc.** How about the clinical results? **The clinical results are very good, but the chance of recurrence is higher when this technique is used.**

(2) Part of preoperative staging Paragraph 3: “The use of intraductal ultrasound (IDUS), with a 20 MHz probe can be more accurate in visualizing mucosa layers compared to conventional EUS [40].” This conclusion is not consistent with the following data in this paragraph. **Correct, because this isn’t our experience with this type of technology. It is more difficult to interpretation, especially when the mini-probe is placed within the biliary or**



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pancreatic ducts. If this is not done, the sensitivity is lower when compared with the conventional EUS.

(3) In this review, the authors did not compare the effect of EP with other treatment, such as surgical resection. **Sorry, there is no need to compare, just wanted to show the results of the EP in the treatment of benign and/or malignant tumors of the major duodenal papilla!**

However, in the part of conclusion, the authors concluded that “EP is associated with lower morbidity and mortality, and seems to be a preferable modality of treatment for small benign ampullary tumors with no intraductal extension.” The data of success rate, mortality are not listed in the article. **Sorry, see table 1.**

Additionally, the rate of complication is relative high (8%-35%), and we cannot say that EP is a safe and effective therapy now. **Is this a current opinion of the reviewer?**

3. References and typesetting were corrected

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

Sincerely yours,

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