

September 14, 2015

Dear Editors,

We are pleased to resubmit for publication the revised version of manuscript 20422, 'Endoscopic Imaging of Barrett's Esophagus'. We appreciate the feedback provided by the reviewers. We have addressed each of their concerns and comments as outlined below. As was requested, these changes have also been highlighted on the revised manuscript.

We confirm that this work is original and has not been published elsewhere nor is it currently under consideration for publication elsewhere.

In addition to addressing the comments made by the reviewers, additional changes were made to the format of the paper and additional sections were added in efforts to comply by the guidelines and format requirements for a review paper. These changes have also been highlighted in the revised paper. Specific sections that were added include a manuscript type line that identifies this paper as a review article, supporting foundations section (none), and an open access statement. Changes to the format included changing the format of the authorship line and moving the corresponding author information from the first page to the second page to follow the open access statement.

ANSWERING TO REVIEWER (ID: 00058552):

Comment: This is a well written and well presented review of a clinically important yet controversial area where the evidence base is scanty but increasing. This review nicely summarises the field and highlights strengths and weaknesses.

Response: Thank you very much for your comment. We appreciate the feedback from you. In this paper, we summarize the currently available advanced imaging technologies used in the evaluation of Barrett's esophagus. This topic is of great interest at the present time, as the incidence of esophageal adenocarcinoma has steadily risen over the last three decades, with population-based cohort studies suggestive of a 300-500% increase during this time. It is well known that the majority of esophageal adenocarcinomas arise from a backdrop of Barrett's esophagus (BE), which makes this topic highly relevant to readers in the areas of Barrett's esophagus, esophageal cancer, and advanced endoscopy.

ANSWERING TO EDITOR:

Comment 1: Please check the spell of authors' names and confirm them the same with system. It's important when you sign the copyright file. If any problem, please contact us.

Response: Correction was made to the first authors name in multiple sections in the title page including the running title, authorship line as well as in the author contributions sections. The first author's correct name is Mariam Naveed. There is no middle name and as such the additional "N" was removed from these sections.

Comment 2: Please provide a copy of signed statement to the BPG in PDF format.

Response: The word "statement" was added to the conflicts of interest section. Please find attached a signed copy of the conflicts of interest statement by both the authors.

Comment 3: Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers.

Response: A core tip consisting of a summary of less than 100 words outlining the core content of our paper was added.

Comment 4: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article.

Response: Please find attached an audio file of our final core tip that was created keeping in mind the specifications requested by the journal.

Comment 5 and 6: Please check throughout. No comma or space, please check throughout.

Response: We appreciate the reviewer correcting the absence of a % following the number 300 in the first sentence of the paper. Remainder of the paper was reviewed and the following changes were made:

1. A space was deleted between the number 2.0 and % sign and an additional % sign was added following the number 0.1 on page 1 in the introduction paragraph.
2. A space was deleted between the number 17 and % sign on page 10 under the autofluorescence imaging section.
3. A space was deleted between the number 33 and % sign on page 11 under the confocal laser endomicroscopy section.
4. A percent sign was added to follow the number 22 on page 11 under the confocal laser endomicroscopy section

5. A space was deleted between the number 75 and the % sign on page 13 under the optical coherence tomography section.

Comment 7: Please check throughout PubMed citation numbers and DOI citations. If exists, please provide the first page of the paper without PMID and DOI. Please check through the order of citations and make sure the title and PMID/DOI number is corresponding.

Response: The references were reviewed and the order of the citations, the title and the PMID/DOI numbers were noted to be accurate. Please note that every reference included has a PMID number. The following were changes made to the references section:

1. Reference 7 was altered such that the phrase “American Gastroenterological A” was removed. This phrase preceded the primary author’s name on the original manuscript.
2. Reference 10 was altered such that the phrase “Committee ASoP” was removed. This phrase preceded the primary author’s name on the original manuscript.
3. Reference 12 was altered such that the phrase “Committee AT” was removed. This phrase preceded the primary author’s name on the original manuscript.
4. Reference 57 was altered such that the phrase “Committee AT” was removed. This phrase preceded the primary author’s name on the original manuscript.
5. Reference 57 was altered such that the phrase “Committee AT” was removed. This phrase preceded the primary author’s name on the original manuscript.

Please address all correspondence concerning this manuscript to me at Kerry.Dunbar@utsouthwestern.edu

Thank you for your consideration of this manuscript.

Sincerely,

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