Author's response to reviews

Title: Modified endoscopic submucosal dissection with enucleation for treatment of gastric subepithelial tumors originating from the muscularis propria layer

Authors:

Yin-Yi Chu (chu2235@yahoo.com)
Jau-Min Lien (lienoski@seed.net.tw)
Ming-Hung Tsai (mhtsai@adm.cgmh.org.tw)
Cheng-Tang Chiu (ctchiu@adm.cgmh.org.tw)
Tse-Ching Chen (ctc323@adm.cgmh.org.tw)
Kuo-Ching Yang (M001003@ms.skh.org.tw)
Soh-Ching Ng (angelang@adm.cgmh.org.tw)

Version: 2 Date: 27 July 2012

Author's response to reviews:

Dear editor and reviewers,

This manuscript has been edited. Most of the revision was done in the discussion section. Our reply to the reviewer’s questions is as follows,

1. We have added the sketch illustrations of our modified ESD method in Figure 2.

2. The reason for and the practice of the different technique applied for ESD of the subepithelial tumor located at the gastric fundus was described in method and discussion sections, pages 7 & 12, and Figure 2f.

3. The evidence for the completeness of en bloc resection of a GIST was based by both visual inspection and pathological examination. This was described in discussion section, page 12 and Figure 3.

4. Miettinen et al. [15] have reported a 1.9-16% risk of tumor-related mortality or distant metastasis following surgical resection of gastric GISTs 2 to 5 cm in size. Mitosis index of less than and equal to 5 per 50 HPFs predicts worse outcome. Yet, these tumors with mitosis index less than 5 still carry a 1.9% risk. Since mitosis index cannot be reliably determined before tumor resection, we have recommended to our patients that all subepithelial tumors of muscularis propria layer origin and larger than 2 cm be removed.

5. There is currently no reliable way to differentiate leiomyoma from GIST before tumor resection. However, most reported GIST outnumbers leiomyoma by 4 to 1 in prevalence and in our series 7 to 1. Although leiomyoma is a benign tumor, there is always a concern of sarcomatous change in leiomyoma of larger size. Thus we think pre-emptive tumor resection is indicated for these tumors of larger size.
than 2 cm in size when tissue diagnosis and predictor of malignant transformation are not readily obtainable.

6. The two common ESD-related complications are perforation and bleeding. This was described in discussion section, page 12.

7. The product name of the surgical snare and HF electric devices setting were described in method section.

Thank you for your comment.

Yin-Yi Chu, M.D.