Author’s response to reviews

Title: Essential pre-treatment imaging examinations in patients with endoscopically-diagnosed early gastric cancer

Authors:

Eri Horisoko (heri@trad.ocn.ne.jp)
Yoshito Tsushima (tyoshito@showa.gunma-u.ac.jp)
Ayako Takahashi-Taketomi (ayakorad@yahoo.co.jp)
Mari Tokunaga (mari_tokunaga@galaxy.ocn.ne.jp)
Keigo Endo (endo@med.gunma-u.ac.jp)

Version: 2 Date: 13 January 2010

Author’s response to reviews: see over
Dear Editor,

We are addressing a revised manuscript entitled “Essential pre-treatment imaging examinations in patients with endoscopically-diagnosed early gastric cancer: 7476955092909178” and a letter giving a point-by-point response to the concerns. We hope you will find this manuscript acceptable for publication in your journal.

All authors are in agreement with the content of the revised manuscript.

Thank you for reviewing this paper. We are looking forward to hearing from you soon. A timely reply would be most helpful as acquisition of my doctorate degree during this academic year depends upon the acceptance of this paper by a peer reviewed journal.

Sincerely yours,
Eri Horisoko, MD
Referee1

1. *This is a paper from radiologists. For radiologists, it might be more interesting.*

This study is indeed of interest to radiologists, but the main purpose of this study was to analyze the cost efficacy of various preoperative examinations. Medical economies should be of interest to general clinicians as well.

2. *Though the detection of gastric cancer was done by endoscopy, not barium meal study, the investigation of pre-treatment was evaluated by X-ray examinations.*

Barium meal studies were not performed on all patients. There were no cases in which the findings of the barium meal study affected the treatment plan (i.e. surgery or endoscopy) and this paper is based on the endoscopic findings.

3. *I can understand the role of enhanced CT and Chest X-ray study, which are thought as standard and not special studies to evaluate gastric cancer. So, it is not necessary to discuss only about endoscopically early gastric cancer.*

We are not sure what the reviewer means in this passage. This paper exclusively discusses EGC.

4. *BE is not a screening study to examine the colon diseases recently. In generally, colonoscopy is taking the place to investigate colon diseases.*

I have added comments regarding colonoscopy in the last portion of the discussion (page13).

5. *This paper should describe about the cases treated by endoscopy or laparotomy. Staging of eEGC, which is not clear, is not important for this paper.*
Both cases treated by endoscopy (EMR) and laparotomy were included in this study.

**Referee2**

**General**

Gastroenterologists want to know the lymph node metastasis and distant metastasis in EGC. Approximately 15% patients with submucosal cancers have lymph node metastasis. EMR make it possible to resect mucosal and submucosal gastric cancers endoscopically. However, final diagnosis of histopathology reveals after EMR or surgery. Furthermore, surgery may be necessary when complication of EMR occur. Therefore, most gastroenterologists assume that contrast-enhanced CT is essential as a routine pre-treatment imaging examination. I consider that normal finding of CT is sufficient information for patient with EGC. The conclusions should perhaps be more carefully stated.

The following passage has been added to the “conclusion” section.

And it may be possible to eliminate contrast-enhanced abdominal CT as a preoperative examination, at least for patients receiving EMR. For sm cancers, the possibility of lymph node metastasis is high enough to warrant further investigation regarding the value of preoperative contrast-enhanced abdominal CT before declaring it entirely unnecessary.

**Methods**

**Image procedures**

1. This manuscript does not show the order of each imaging procedure. It is very important factor of detection of abnormal findings, especially the procedure which is not objective such as abdominal US.

The following passage has been added to the “Imaging procedures” section.

The order in which CT, US, BE and CR were performed was random, and each study was independently interpreted.
Result

Treatment selection, pathological diagnosis and patient prognosis

2. The authors should clarify the depth (m or sm), final diagnosis of histopathology and clinical stage of EGCs. Because those are very important factor regarding lymph node metastasis.

The following passage has been added to the “Treatment selection, pathological diagnosis and patient prognosis” section.

Postoperative clinical stage of EGCs were T1(m)N0 (n=35), T1(sm)N0 (n=24), T1(m)N1 (n=1), T1(sm)N1 (n=6), T2N0 (n=5), T2N1 (n=2) and T2N2 (n=1).

All 51 gastric cancers treated by only EMR were pathologically proved mucosal cancers, and no additional gastrectomies were performed.

For the operated cases, final histopathological diagnosis were well differentiated tubular adenocarcinoma (n=32), moderately differentiated tubular adenocarcinoma (n=16), poorly differentiated adenocarcinoma (n=14) and signet ring cell carcinoma (n=17). For the EMR cases, final histopathological diagnosis were well differentiated tubular adenocarcinoma (n=45) and moderately differentiated tubular adenocarcinoma (n=6).

3. EMCT is tumor destructive therapy, so gastric cancers which treated by EMCT did not prove EGCs pathologically.

The following passage has been added to the “Treatment selection, pathological diagnosis and patient prognosis” section.

EMCT (n=5) is a tumor destructive therapy which does not allow pathological confirmation of the depth of tumor invasion. However, there were no cases of local recurrence during follow up of one year or longer.

4. The authors described no additional gastrectomy after EMR. Were all results of EMR complete resection and curative resection? Eight (6.7%) advanced cancers were diagnosed by underestimation. Some submucosal cancer may be diagnosed by underestimation. Were there any submucosal...


cancers in the EGCs resected by EMR?

Since one case which received surgical treatment after EMR was contained in the surgery group, the following passage has been added.

One of the surgical cases included a post EMR case whose pathological diagnosis was m, but had suspected to have perforation during the EMR procedure.

The all EMRs performed were curative. The 8 cases of advanced cancer had no indication for EMR and surgery was the initial treatment. All cases treated with EMR were m Ca (this passage added to manuscript).

Methods
Subjects
1. The punch biopsy is not general description; I recommend the simple word “biopsy”.

I have corrected the passage accordingly. Thank you.

Result
Treatment selection, pathological diagnosis and patient prognosis
2. EMCT is abbreviation of endoscopic microwave coagulation therapy.

I have corrected the passage accordingly. Thank you.