Author’s response to reviews

Title: Treatment of long-segment Barrett's adenocarcinoma by complete circular endoscopic submucosal dissection: a case report

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Matteo Fassan, M.D., Ph.D.

Editor

BMC Gastroenterology

Dear Dr. Matteo Fassan

We thank you and the reviewers for careful reading of our manuscript and for giving useful comments.

We have revised the manuscript, where appropriate, on the basis of the Referee comments and believe that this has improved its quality and made it suitable for publication in the Journal of BMC Gastroenterology.

We look forward to hearing from you at your earliest convenience.

Sincerely,
Response to Reviewer 1,

Dear Dr. Irene Coati

Thank you for carefully reading our manuscript and providing us with useful comments. We respond to your queries below, and have revised the manuscript accordingly, which we believe has improved the quality of our manuscript.

To add more references and particularly to insert them in all sections of the text (ie, background)
Thank you for your advice. We have added the references.
Background section, line 57 and 61, page 4
References section, line 203-207, page 11-12

To check all the abbreviations used in the text and to add them in the "list of abbreviations" (ie, SBA, EMR)
Thank you for bringing it to our attention. We have described Endoscopic mucosal resection (EMR) and superficial Barrett’s adenocarcinoma (SBA) in the text and added them in the list of abbreviations.
Discussion and Conclusions section, line 118, page 7
Discussion and Conclusions section, line 165, page 9
List of abbreviations section, line 173-174, page 10

To check line 79, where there is an orthographic mistake ("Biopsy" with capital letter).
We apologize for the errors; we have now corrected the word.
Case presentation section, line 79, page 5
Response to Reviewer 2,

Dear Dr. Diana Sacchi

Thank you for carefully reading our manuscript and providing us with useful comments. We respond to your queries below, and have revised the manuscript accordingly, which we believe has improved the quality of our manuscript.

1- I strongly suggest you check the figure 3-d: it may be better a higher magnification to show the minimal tumor extension under the adjacent squamous epithelium;

   Thank you for your advice. We have replaced the figure 3-d with higher magnification.

2- I would appreciate if you could be more precise about the use of ESD as a therapeutic option for early esophageal adenocarcinoma. Actually, early adenocarcinoma (T1) is subdivided into intramucosal (T1a) and submucosal (T1b) lesions. Therefore, in your case report, ESD is suggested as a therapeutic option for just T1a early adenocarcinoma, isn't it?

   Thank you for bringing it to our attention. Early adenocarcinoma into submucosal(T1b) lesions have some lymph node metastases, so we suggested that ESD in a therapeutic option for just intramucosal(T1a) early adenocarcinoma.

   We have added “T1a” in the text.

   Background section, line 60, page 4
   Discussion and Conclusions section, line 119, page 7
   Discussion and Conclusions section, line 123, page 7

   We have replaced “early” with “intramucosal” in the Discussion and Conclusions section, line 122, page 7.