Author’s response to reviews

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

Authors:
Miki Kaneko (k.miki1016@gmail.com)
Akira Mitoro (mitoroak@naramed-u.ac.jp)
Motoyuki Yoshida (9034motoyuki@gmail.com)
Masayoshi Sawai (sawaigdbf7@outlook.jp)
Yasushi Okura (okura@naramed-u.ac.jp)
Masanori Furukawa (masa3plus97@yahoo.co.jp)
Tadashi Namisaki (tadashin@naramed-u.ac.jp)
Kei Moriya (moriyak@naramed-u.ac.jp)
Takemi Akahane (stakemi@naramed-u.ac.jp)
Hideto Kawaratani (kawara@naramed-u.ac.jp)
Mitsuteru Kitade (kitademitsu@yahoo.co.jp)
Kousuke Kaji (kajik@naramed-u.ac.jp)
Hiroaki Takaya (htky@naramed-u.ac.jp)
Yasuhiro Sawada (yasuhiko@naramed-u.ac.jp)
Kenichirou Seki (checkyseckun@gmail.com)
Shinya Sato (shinyasato@naramed-u.ac.jp)
Tomomi Fujii (fujiiit@naramed-u.ac.jp)
Junichi Yamao (juny3126@naramed-u.ac.jp)
Chiho Ohbayashi (ohbayashi@naramed-u.ac.jp)
Hitoshi Yoshiji (yoshijih@naramed-u.ac.jp)
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Ms. Marta Gritti

Editor

BMC Gastroenterology

Dear Ms. Marta Gritti

We thank you and the reviewer 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 Editor

1. Please have the text edited by a professional language editing service or a native English speaking colleague. There are many issues with grammar, wording, spelling, and/or punctuation that need to be addressed.

The manuscript has been edited by a professional language editing service.

2. Please provide the apexes 1,2,3 in the title page not only as apexes related to authors, but to the affiliations.

We provided the apexies 1,2,3 to the affiliations.

3. Figure files should contain only the image/graphic, as well as any associated keys/annotations. If titles/legends are present within the figure files, please remove them.

Figures should be provided as separate files, and each figure of a manuscript should be submitted as a single file. Please ensure that all figures/tables and supplementary files are cited within the text. Any items which are not cited may be deleted by our production department upon publication.

We have checked them.

4. Please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

We have checked them.
Response to Reviewer

Dear Dr. Michael S

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) Line 81-I found the EUS images somewhat blurry to be able to accept that there was no SM invasion. What frequency was the EUS performed at? Also, please label the layers on the EUS image for readers who may not perform EUS. Also, I would suggest using the name of the layers seen on EUS rather than the first, second, third layers...etc (ie. call third layer the submucosa instead).

We have described the frequency of EUS (20 MHz) at the text and the figure legend.

We have described the layers’ name histologically at the text.

Case presentation section, line 81-82, page 5

Figure legend section, line 246, page 14

We have attached another EUS image with high resolution and labelled the histological layers’ name.

Figure 1f

2) Line 91-I would like to have read more details about how the ESD was done. This will be very technical although given this is a case report of an advanced technique, I think there's room here to expand.

We really appreciate your advice.

We have described more details on ESD procedure in the text and added four more pictures to Figure 2.

Case presentation section, line 92-100, page 6

Figure 2
3) Line 105: How was the 40 point injection spread out (ie. 4 quadrants every 0.5 mm)?

40 injection points were 8 points per circle every 10 mm.
Case presentation section, line 109-110, page 6

4) Line 110: What proteinase inhibitor was used? What prokinetic agent was used? What dose? Please use generic names.

We have described the generic names and doses of proteinase inhibitor and prokinetic agent.
Case presentation section, line 115-116, page 7

5) Line 114: What is the definition of "severe dysphagia"? Did he have any dysphagia?
We are sorry for the fuzzy expression.
We meant that he felt a little discomfort only if he hurried his meal without enough chewing.
He did not have any dysphagia when he had meal in a usual manner.
Case presentation section, line 121, page 7

6) Line 115: What is the definition of "severe esophageal stricture"? Was there any stricture?
We are sorry for the fuzzy expression.
We removed the term “severe” from the sentences below because the usual endoscope can be passed through.

Abstract section, line 47, page 3
Background section, line 69, page 4
Case presentation section, line 121, page 7

7) Figure 2: This is the best part of the paper!! Please include more images of each step in achieving this massive ESD.
We have described more details on ESD procedure in the text and added four more pictures to Figure 2.

Case presentation section, line 92-100, page 6

Figure 2

8) Figure 3: Please label the histology images (ie. where the submucosa begins)
We have labeled the histological layers’ name on Figure 3b.

9) How long did the case take?
The operation period was 12h.
Case presentation section, line 100-101, page 6

10) How long was the patient hospitalized for?
The hospitalization period was four weeks.
Case presentation section, line 107-108, page 6

11) Any issues with pneumomediastinum, mediastinitis, or bleeding?
Postoperative adverse events such as pneumomediastinum, mediastinitis, or bleeding did not occur.
Case presentation section, line 106-107, page 6