Author’s response to reviews

Title: Multiband mucosectomy versus endoscopic submucosal dissection and endoscopic submucosal excavation for GI submucosal tumors: short and long term follow-up

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Author’s response to reviews:

Dear Editors,

We thank you for your encouragement and advice, and we would like to resubmit our manuscript, titled “Multiband mucosectomy versus endoscopic submucosal dissection and endoscopic submucosal excavation for GI submucosal tumors: short and long term follow-up” (BCAN-D-18-02754), for your further consideration as a research article for publication in BMC Cancer.

We have revised the manuscript in accordance with the editors and reviewers’ comments. The major changes in the revised manuscript have been marked in red. We believe that we have addressed all of the concerns raised by the reviewers and editors. In addition, we have carefully edited the manuscript to eliminate/reduce potential errors. We believe this manuscript is easily understood as a scientific story.

If I can be of any assistance regarding this manuscript, please feel free to contact me. I look forward to hearing from you soon.

Sincerely,

Xifeng Jin
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We would like to express our sincere thanks to the reviewers for their constructive and positive comments.

Replies to the editor:

Reviewer reports:

Ryan M. Thomas, MD (Reviewer 1): Jin et al present a retrospective single-institution experience on three different techniques for the endoscopic resection of mucosal and submucosal tumors of the esophagus and stomach. The manuscript is fairly well written and provides useful data for physicians treating such neoplasms. There are several issues that should be addressed prior to publication:

Major

1. I suggest including in the Introduction more background info on each of the endoscopic resection techniques (typical inclusion/exclusion criteria), general technique, etc to give the reader a framework for discussion and the paper. The Methods could then be better organized regarding the techniques. After all, why refer the reader to publications for ESE but not the other techniques?

Response: Thank you for providing these comments. We have addressed this issue in the revised manuscript.

2. Operating length should be documented as more than just start of operation to specimen removal. It should be until withdrawal of the endoscope and formal termination of the procedure. Using simply the removal of the specimen does not take into account any additional hemostasis or reapproximation of the mucosa that may be necessary and performed after specimen removal. The reported times are likely under reported and not representative of the true time - please correct.

Response: Thank you for your careful review. We are sorry for our carelessness, and we have corrected it in the revised manuscript.

3. Please clarify the specimen diameter for MBM specimens - given that MBM had a lower en bloc resection rate implies piecemeal resection and clarity is needed if 14.8mm is for the total MBM specimen (addition of all fragments) or just the largest portion respected.
Response: Thank you for providing these comments. We have addressed this issue in the revised manuscript. Piecemeal resection did not influence long-term follow-up outcomes. For MBM, overlapping of 10–25% between adjacent resections was allowed to prevent any remaining residue. As demonstrated by the 4-year follow-up results, patients who were treated using the MBM technique had the same low risk of recurrence as did those who received ESD or ESE, which is a strength of this retrospective study.

4. In the Results section (pg 8, line 12-26) should be clearer in the description of what the results of the complications were (transfusion, return to OR, etc).

Response: Thank you for providing these comments. It is indeed important to provide some details on this matter. Several sentences have been added in the Clinical presentation section(page 9, paragraph 2, 3, 4 and 5) in the revised version.

5. Discussion section needs to be re-written - it is too long because most of the information is redundant to what already was presented in the Results section. Should provide a more in-depth and meaningful discussion of current literature in this area.

Response: Thank you for providing these comments. We have addressed this issue in the revised manuscript.

6. Baseline characteristics table (table 1) needs to be expanded to include the various cohorts with statistical analysis between groups. Without this, one cannot determine if findings on the univariate and multivariate analysis are due to actual differences or because of inadequate matching of cohorts.

Response: Thank you for providing these comments. We have provided some details in new Table 1 on it, and we have addressed this issue in the revised manuscript.

7. Why were all of the univariate factors entered into the multivariate analysis? Factors that were not significant should not have been entered into the model as this would skew the data based on the non-significance of these factors.

Response: Thank you for providing these comments. Now we have provided some details in new Table 3 and Table 4 on this matter.
There are many literatures regarding the univariate and multivariate analysis, the following one is very interesting. [Heinze G, Dunkler D. Five myths about variable selection. Transpl Int. 2017 Jan;30(1):6-10]. Quote: “There’s no rule about where to set a p-value in that context. It depends on how inclusive we want to be. Second, an often arbitrary choice has to be made about the selection parameter, that is, the significance level to decide whether an effect should be retained in a model. While smaller values such as 0.05 or 0.01 are only recommended for very large sample sizes, in the vast majority of applications, a value of 0.2 or 0.157 (corresponding to selection based on AIC) or even 0.5 (resulting in very mild selection) will be a better choice”.

Minor

1. Several spelling and grammatical errors need corrected.

Response: Thank you for your careful review. and we have now carefully edited the manuscript in order to eliminate/reduce the potential syntax errors. In addition, this manuscript has been proofread by two native English physicians.

2. It appears (although it may be the generation of the PDF file) that there are extra spaces between many of the words that should be removed.

Response: Thank you for your careful review. We have corrected these in the revised manuscript.

3. Page 4, line 26 "...respecting GI SMTs..." would refer to the entire gastrointestinal tract which I do not think the authors imply. Suggest clarifying.

Response: Thank you for providing these comments. We have addressed this issue in the revised manuscript.

4. The figures are not helpful and do not add to the paper. Suggest removing all of them and focus on the tables of patient info (see additional major critique above).

Response: Thank you for providing these comments. We have addressed this issue in the revised manuscript.
Liang Liu (Reviewer 2): The authors evaluated the short and long-term outcomes of 3 different endoscopic dissections for submucosal tumors (SMTs) of upper gastrointestinal (GI) submucosal tumor.

Minors

1. Perforation rates were associated with tumor size. when lesions were <15 mm in size, Perforation rates were different among subgroups?

Response: Thank you for your careful review. We have provided some details in Table 2 in the revised manuscript. Only four patients each in the ESD and ESE groups underwent perforation, so we did not perform subgroup analysis at first.

2. Subgroup analysis of complications should performed based on tumor size

Response: Thank you for providing these comments. We have provided some details in Table 2 on this matter in the revised manuscript.

If improvements to the English language within your manuscript have been requested, you should have your manuscript reviewed by someone who is fluent in English. If you would like professional help in revising this manuscript, you can use any reputable English language editing service. We can recommend our affiliates Nature Research Editing Service (http://bit.ly/NRES_BS) and American Journal Experts (http://bit.ly/AJE_BS) for help with English usage. Please note that use of an editing service is neither a requirement nor a guarantee of publication. Free assistance is available from our English language tutorial (https://www.springer.com/gb/authors-editors/authorandreviewertutorials/writinginenglish) and our Writing resources (http://www.biomedcentral.com/getpublished/writing-resources). These cover common mistakes that occur when writing in English.