

July 12, 2021

Lian-Sheng Ma

Science Editor, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

Dear Lian-Sheng Ma:

I appreciate the opportunity to submit my revised manuscript entitled, “Advances in traction methods for endoscopic submucosal dissection: What is the best traction method and traction direction?” I thank the reviewers for their valuable comments. I have addressed all their comments to the best of my ability.

My responses to the reviewers’ comments, with descriptions of the changes made to the manuscript, are presented below.

I look forward to hearing from you regarding my submission. I would be glad to respond to any further questions and comments that you may have.

Response to Company editor-in-chief

Company editor-in-chief's comment: Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".

Response: In line with your comment, I checked all figure legends and confirmed that only Figure 16 did not have a figure legend title. Therefore, I have added the appropriate title.

Supplement

I have corrected the position of the thread tied to the clip in Figures 1 and 8.

Response to Science editor

I have added four references (No. 4, 60, 61, and 69) in the revised manuscript. There are 5 self-cited references (No. 9, 10, 11, 20, and 21) in a total of 84 references of the revised manuscript. I believe these self-cited references are associated with the topic of the manuscript. The self-referencing rates keep less than 10%. Please contact me if you find anything unclear about this issue.

Science editor's comment 1: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: I have prepared a PowerPoint file of all figures to be reprocessed by the editor.

Science editor's comment 2: Please obtain permission for the use of picture(s).


Response:

Figures 2A, 2B, 2C, and 2D were published in the article entitled "Internal traction method using a spring-and-loop with clip (S–O clip) allows countertraction in gastric endoscopic submucosal dissection" (Surgical Endoscopy 2020; 34: 3722–3733). A detailed information about the article has been added in the figure legend. This is an open-access article published by the Springer under the Creative Commons Attribution 4.0 CC BY 4.0 license. I am the first author of this article; thus, I have the copyright. Moreover, I emailed the Springer and obtained permission for the use of pictures by email (on July 7, 2021) from Sean Beppler, who is the Editor of the Springer.

Figures 7B and 7D were published in the article entitled “Underwater endoscopic submucosal dissection in saline solution using a bent-type knife for duodenal tumor” (VideoGIE 2018; 3(12) 375–377). A detailed information about the article has been added in the figure legend. This article is also an open-access article published by the Elsevier under the CC BYNC-ND license, and I am its first author. As the author of this Elsevier article, I have the right to include it in a thesis or dissertation unless it has been published commercially. Moreover, I emailed the Elsevier and obtained permission for the use of pictures by email (on July 5, 2021) from Roopa Lingayath, who is the Senior Copyrights Coordinator of the Elsevier. Please confirm the following document.

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 **ELSEVIER**

Underwater endoscopic submucosal dissection in saline solution using a bent-type knife for duodenal tumor
 Author: Mitsuuru Nagata
 Publication: VideoGIE
 Publisher: Elsevier
 Date: December 2018
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In addition, I have deleted the arrows and the text portions in Figures 7B and 7D to maintain the original style published in VideoGIE.


Figures 11A and 11B were published in the article entitled “Advanced endoscopic submucosal dissection with traction” (World Journal of Gastrointestinal Endoscopy 2014; 6(7) 286–295). A detailed information about the article has been added in the

figure legend. Baishideng Publishing Group (BPG) has the copyright of this article. Therefore, I emailed the BPG office and obtained permission for the use of pictures by email (on February 27, 2021) from Xiang Li, who is the vice general manager and the production department director.

Figures 12A, 12B, 12C, 13A, 13B, and 13C were published in the article entitled “Comparing a conventional and a spring-and-loop with clip traction method of endoscopic submucosal dissection for superficial gastric neoplasms: a randomized controlled trial (with videos)” (*Gastrointestinal Endoscopy* 2021; 93(5): 1097–1109). A detailed information about the article has been added in the figure legend. This article is an open-access article under the CC BYNC-ND license, and I am its first author. As the author of this Elsevier article, I have the right to include it in a thesis or dissertation unless it has been published commercially. Moreover, I emailed the Elsevier and obtained permission for the use of pictures by email (on July 6, 2021) from Subash Balakrishnan, who is the Senior Copyrights Coordinator of the Elsevier. Please confirm the following document.

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 Comparing a conventional and a spring-and-loop with clip traction method of endoscopic submucosal dissection for superficial gastric neoplasms: a randomized controlled trial (with videos)

Author: Mitsuru Nagata, Tomoaki Fujikawa, Hiromi Munakata
 Publication: Gastrointestinal Endoscopy
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Figures 16A and 16B were used in the article entitled “Usefulness of underwater endoscopic submucosal dissection in saline solution with a monopolar knife for colorectal tumors (with videos)” (Gastrointestinal Endoscopy 2018; 87(5) 1345–1353), published by the Elsevier (Copyright 2018, American Society for Gastrointestinal Endoscopy). A detailed information about the article has been added in the figure legend. I am the first author of this article. Hence, I have the right to include it in a thesis or dissertation unless it has been published commercially. Moreover, I emailed the Elsevier and obtained permission for the use of pictures by email (on July 6, 2021) from Subash Balakrishnan, who is the Senior Copyrights Coordinator of the Elsevier. Please confirm the following document.



Usefulness of underwater endoscopic submucosal dissection in saline solution with a monopolar knife for colorectal tumors (with videos)

Author: Mitsuru Nagata

Publication: Gastrointestinal Endoscopy

Publisher: Elsevier

Date: May 2018

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Response to Reviewer #1

Reviewer #1's comment 1. The explanation of distal traction on page 7 is somewhat confusing. Please explain in more detail why distal traction causes layer misrecognition. I understand to some extent if the author intends to explain the difficulties in esophageal ESD. In esophageal ESD, the resected specimen retracts distally during dissection, making it difficult to maintain orientation and adequate traction. Please provide a more detailed explanation for beginner endoscopists.

Response: I have added further explanation of distal traction as follows: Distal traction can cause the submucosal dissection plane to fall distally as submucosal dissection advances, resulting in submucosal thinning and subsequently, cutting the muscle layer or mucosa because of misrecognition of the layer (Figure 3D). Moreover, distal traction may decrease the effectiveness of the tension for the submucosal dissection plane, leading to inefficient dissection. Hence, distal traction may be the least useful approach for submucosal dissection in most cases.

Reviewer #1's comment 2. In Table 1, if each method is indicated in which location (esophagus, stomach, colorectum, and duodenum) it is possible to make a recommendation, it will be helpful in practical method selection.

Response: The recommended lesion location for each method has been added in Table1.

Response to Reviewer #2

Reviewer #2's comment 1. Is the endoscope in the pocket creation method (PCM) always in the submucosal space? If not, I recommend adding a figure between Figure 6B and Figure 6C to show that the endoscope sometimes has to be above the submucosal pocket to complete the mucosal incision and occasionally perform residual submucosal dissection. Therefore, ESD novice endoscopists may not misunderstand that in PCM ESD, the endoscope is always located in the submucosal space. To clarify what I mean, I take a figure (published in the Journal of Clinical Endoscopy 50(6):562-568) as an example:

Response: In line with your comment, I have added the new Figure C. The previous Figure C is now Figure D.

Reviewer #2's comment 2. In the third paragraph on Page 12, "Since the sheath is harder than the line, it can provide not only pulling force but also pushing force to the lesion, thus allowing two traction directions" The question is: Is the pushing force (Figure 9A) similar to distal traction (Figure 3D) or diagonally distal traction (Figure 3F)? In my opinion, in the esophagus, when most part of the target specimen has been dissected, this pushing force produces distal traction. For large esophageal target specimens, this pushing force is sometimes useful to find residual submucosal tissue near the end of the ESD. Therefore, in the first paragraph on Page 7, "Distal traction may be unsuitable for submucosal dissection in any situation". The sentence may be modified to "Distal traction may be least useful for submucosal dissection in most cases".

Response: I agree. Hence, in line with you comment, the sentence has been revised as

follows: Distal traction may be the least useful approach for submucosal dissection in most cases.

Response to Reviewer #3

Reviewer #3's comment 1. In the second section (traction devices according to organ), the author reports published studies, mainly focusing on procedure time. It would also be interesting to report the effect of traction on some other outcomes such as en-bloc, R0, perforation and bleeding rates.

Response: According to your comment, I have added the other outcomes, namely, perforation (in the subsection "Esophageal ESD", "Gastric ESD", and "Colon and rectal ESD"), en bloc resection (in the subsection "Gastric ESD", "Colon and rectal ESD", and "Duodenal ESD"), R0 (in the subsection "Gastric ESD" and "Colon and rectal ESD"), and post-ESD bleeding (in the subsection "Gastric ESD" and "Colon and rectal ESD").

Reviewer #3's comment 2. In this second section, please comment also on the benefits of traction according to lesion location (upper third lesions in the stomach for example may be more adequate for traction use) and endoscopist experience (some expert endoscopists may not benefit from traction devices, but they can be a great help for less experienced endoscopists).

Response: Thank you for your helpful comment. I have added the benefits of traction method according to operator experience (in the subsection "Gastric ESD" and "Colon and rectal ESD") and lesion location (in the subsection "Gastric ESD").

Reviewer #3's comment 3. In the second section, colon/rectum - there was a systematic

review published this year (PMID: 33484729) that evaluated PCM outcomes, please refer also these results.

Response: Such article (PMID: 33484729) has been cited on the subsection “Colon and Rectal ESD.”

Response to Reviewer #4

Reviewer #4's comment: The authors detailly reviewed traction methods in ESD procedure, especially traction direction. Also, the authors provided sufficient pictures for illustration. The authors did a good job. No specific comment.

Response: I really appreciate Reviewer #4's comment.