

Response to Reviewers' Comments

Title: Global research trends in endoscopy applications in submucosal tumor: A bibliometric analysis of studies published from 2010-2024

Journal: World Journal of Gastrointestinal Oncology

Response to Reviewer #1

We sincerely appreciate your constructive feedback and have carefully addressed each point as outlined below.

1. Abstract refinement

Action Taken:

- Rewrote the concluding sentences of the abstract (Lines 32-35) to emphasize clinical implications:

“This study highlights that future innovation should prioritize device-assisted resection technologies and combined endoscopic-surgical strategies, with particular emphasis on establishing global cooperative networks to advance evidence-based practice. ”

2. Reference ordering

Action Taken:

- Reorganized all 41 references strictly in order of citation.
- Cross-verified citation-sequence alignment using Zotero.

3. Discussion enhancement

Action Taken:

- Added new paragraph to analyse clinical issues:

In addition, we noticed that there is no global consensus on the criteria for the indications of endoscopic resection of submucosal tumors. Bibliometric analysis shows that the keyword "tumor size criteria" has received far less attention compared to technical keywords. In existing literature, Japanese scholars mostly advocate for the priority of endoscopic resection of gastric submucosal tumors with a diameter of ≤ 3 cm[29]. In contrast, European and American guidelines (ESGE, 2020) emphasize the need for comprehensive judgment by combining the depth of muscularis propria invasion under endoscopic ultrasonography (EUS)[30]. Therefore, there is an urgent need to establish a quantitative indication model based on tumor biological behaviors (such as growth rate and pathological subtypes) through multi-center data.

. In addition, the application failure rate of existing suture techniques (such as metal

clips and the OTSC system) in defects > 5 cm remain high[38], and discussions on related complications (delayed bleeding, perforation) are mostly limited to single - center retrospective studies. In the future, it is necessary to establish a dynamic healing assessment system through the research and development of multimodal suture devices and the application of bio - engineering materials.

4. Abbreviations & text edits

Action Taken:

- Defined all acronyms at first mention:
 - SMTs: Submucosal tumors
 - ESD: Endoscopic submucosal dissection

Thank you for your time and support.

Response to Reviewer #2

We deeply appreciate your positive assessment of our work's technical soundness and clinical relevance. We remain available for any additional modifications and thank you again for considering our work. We hope that the revised manuscript meets the reviewers' and your expectations. We believe that the changes have significantly improved the quality of our work.”。

Thank you for your time and support.

Best regards,

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Re-review comment #1:

This bibliometric analysis of global research trends in endoscopy applications in submucosal tumors is interesting. I appreciate your hard and extensive work, which is technically sound. You have reached definite outcomes. The title reflects the main focus of the manuscript. The most important and compelling information is included in the title. The abstract summarizes and reflects the work described in the manuscript. The authors, based on the reviewer's comments, have included the concluding sentences of the abstract to emphasize the clinical implications of the device-assisted resection technologies and combined endoscopic-surgical strategies. The keywords express the characteristic elements and fully reflect the central content of the manuscript. A core tip justifies the need for this work and is appreciable. The manuscript describes the background, present status, and significance of the work. The manuscript describes methods in adequate detail. The manuscript summarizes the research trends adequately and appropriately, highlighting the key points concisely, clearly, and logically. The authors have defined the acronyms SMTs and ESD at first mention based on the reviewer's comment. This work has been tailored with available literature. The manuscript cites appropriately the latest, important, and authoritative references in the introduction and discussion sections. The authors have reorganized all references in order of citations using Zotero. The statistical approach is optimal for this data set. VOSviewer was used for network visualization, overlay visualization, and density visualization. CiteSpace was used for cluster analysis, timeline view, and citation burst detection. This is optimal for this dataset. The pictures and illustrations in the manuscript are sufficiently self-explanatory. The tables are sufficient and appropriately illustrative of the paper's contents. To analyze clinical issues, the authors have added points on tumor size criteria, growth rate, pathological subtypes, the failure rate of existing suture techniques, and dynamic healing assessment system in the discussion section. The results of the study support the conclusion. The author prepared the manuscript according to the appropriate research methods and reporting. PRISMA checklist has been used for this scientometric analysis. I appreciate this work which would be useful in the development of less invasive and lower-risk therapeutic strategies on endoscopic resection of submucosal tumors (SMTs).

Reply: Thank you for your comment.

This bibliometric analysis on global research trends in endoscopy applications in submucosal tumor is interesting. I would appreciate your hard and extensive work. This work is technically sound. Submucosal tumors are a common and rare disease in clinical endoscopic practice. With the advancement of endoscopic technology in the past decade, SMT endoscopic management has gradually become an important research field. The author uses bibliometric analysis to describe this development. The management of endoscopic SMT has made rapid progress, but there is uneven development among countries and regions, a lack of high-level research, and low levels of cooperation between institutions and authors between countries. The combination of instrument assisted and surgical endoscopic resection is considered a potential focus area for future research. The content of the article has not been reported before and is original. The article extracted publication information related to the use of SMT endoscopy from the Web of Science Core Collection database from January 2010 to June 2024. Using tools such as Microsoft Excel, VOSviewer, and Citespace to analyze publishing trends has a certain degree of scientificity. From the introduction, methods, data statistics to the results and conclusions of the article, the process is complete, the description is scientific, the analysis is detailed, the logic is clear, and it has a certain degree of completeness. The language is fluent, the expression is clear, the table and graph formats are novel, and the summary is unique, which is very attractive to readers. The disadvantage of the article is that it only conducted data statistics and analysis on literature from the first 14 years, without delving deeper into the future and providing good guidance for future development. The overall quality of the manuscript, based on the above-listed criteria, should be evaluated and classified into the following Grade A (Excellent).

Reply: Thank you for your comment.