

May 8th, 2017

Dear Dr. Ya-Juan Ma
Science Editor, Editorial office
World Journal of Gastrointestinal Oncology
Baishideng Publishing Group Inc

RE: Manuscript 34064

Thank you for providing the constructive review and comments on our reviewing manuscript entitled, "**Does the discrepancy in histologic differentiation between a forceps biopsy and an endoscopic specimen necessitate additional surgery in early gastric cancer?**". We have revised and reviewed this manuscript in accordance with the suggestions of reviewers and our point-to-point responses to the concerns of the referees are provided in the attachment to this letter.

We hope that this revised manuscript now meets the standards for publication in *World Journal of Gastrointestinal Oncology* and we look forward to hearing from you soon.

Sincerely,

Kab Choong Kim, MD

Jae Seung Soh, MD

Point-to-point responses to the comments of reviewers

We thank reviewers for providing a constructive review and comments.

Response to reviewer's code 03656606

1. Comments to the Authors:

The present study showed that discrepancy between an endoscopic forceps biopsy and a postgastrectomy specimen was associated with higher submucosal invasion, lymph node metastasis, and positive EGFR status than non-discrepancy in EGC. The authors concluded that discordance between an endoscopic biopsy and a surgical specimen could be a predictive factor related to poor outcome in EGC. Based on their findings, the authors suggested that patients who have histological discrepancy detected in an endoscopically resected specimen might be considered to require additional surgery. It is not surprising that the discrepancy in histologic differentiation between a forceps biopsy and an endoscopic resection specimen necessitates further radical gastrectomy in EGC patients. In fact, endoscopic mucosa resection was initially used as a diagnostic method because of drawbacks of forceps biopsy. Afterwards, with the development of technique and accessories endoscopic resection become a therapeutic modality for superficial lesions in GI tract. The present study provided useful information for treatment of EGC.

Response: Thank you very much for your comment. And we thank the reviewer for giving us a compliment. We hope that our article helps to make the physicians management plans for their patients showing histological discrepancy between a forceps biopsy and endoscopically resected specimens in EGC.