

Reviewer's code: 00045988

Comments to the reviewer;

Thank you for your careful reading and constructive comments. We have mostly accepted your criticisms and revised our manuscript accordingly. In the summary below, the numbering of our responses corresponds to the numbering of your comments. All corrections were underlined in the text.

Response to your comments;

1. In the title page, Probably “running title” should be “key words”. If the running title is required by journal's submission rule, it should be added properly.

Response

We are very sorry. As you pointed out, they were key words (page 4 line 3-4). We added the running title properly. (page 1 line 7)

2. In the abstract, there seems to be several mistakes. Probably, ESD was performed for all of eleven epithelial tumors, so “mainly” may not need in line 10 and the same description in the main text. “Ten superficial epithelial tumor-like lesions” should be “eleven superficial epithelial tumor-like lesions” according to main text and Table 1.

Response

Thank you for your careful reading. We revised the descriptions properly as you pointed out (page 3 line 11 and 14, page 5 line 4).

The detail of “eleven lesions” should be explained in line 15 and the same description in the main text, for example “eleven epithelial tumor-like lesions during ESD”.

Response

Thank you for your constructive comments. We revised the descriptions properly as you indicated (page 3 line 20, page 10 line 21).

What is the definition of “severe complication”? By Clavien-Dindo classification or others? Can the minor leakage in this study be severe complication? What is the degree of minor leakage case in Clavien-Dindo classification? The detail about complication should be added in Table 1.

Response

Thank you for your constructive comments. The minor leakage secondary to pancreatic fistula was cured conservatively. The complication was defined as Clavien-Dindo classification grade II. We added the detailed description about that in “Abstract”, “Core tips” “Main text” and also “Table 1” (page 3 line 25-26, page 5 line 7-8, page 10 line 28, and Table 1).

3. In the materials and methods, “Neuroendocrine tumors (SMT)” should be just “SMT” in line 8.of the first page.

Response

We are very sorry, and collected it properly (page 7 line 17).

In line 11-13 of the second page, the sentence should be simpler and the word “performed” is duplicated.

Response

Thank you for your constructive comment. We deleted the description concerning common ESD, and simplified the sentence (page 8 line 28).

The detail about hand-sewn suturing after ESD, such as two layers stiches, should be provided in this part, which is now shown in the discussion.

Response

Thank you for your constructive comment. We revised the detailed description about the suturing in the “M&M” section (page 9 line 9-11).

The detail about Cine-MRI should be added.

Response

Thank you for your constructive comment. We added the detailed description about Cine-MRI examination in the “M&M” section (page 7 line 27-page 8 line 2).

4. In the results, “The ulcer bed was very thin and was easily recognized by the transmitted light of the endoscope” should be “The ulcer bed was very thin and easily recognized by the transmitted light of the endoscope” in line 14-15. “Which resolved” should be “which was resolved” in line 28. The follow-up period should be provided in the result and Table 1

Response

Thank you for your careful reading and constructive comment. We collected some descriptions as you pointed out (page 10 line 18-19, page 11 line 3-4). We also added

the data about the follow-up periods in the result and Table 1 (page 11 line 6-7 and Table 1).

5. In the discussion, the reference should be properly provided. For example, add reference after the first sentence “Recently, the widespread use of endoscopy in regular medical check-ups has increased the detection rates of early-stage duodenal tumors”. What is the reason or reference source about the indication of the (original) LECS procedure in line 10-12.

Response

Thank you for your constructive comment.

We could not find an accurate recent tendency of the incidence of early duodenal tumors. Therefore, we rephrased the description described below; “Although the incidence of early duodenal tumors is rare, the recent widespread use of endoscopy in regular medical check-ups may increase the detection rates in near future.”

Concerning the indication of LECS, the description was just our indication of conventional LECS. We added two references for the description. We quoted other four references and provided them properly in the “Discussion” section (Discussion and References).

Reviewer’s code: 00503623

Hence, in my opinion the paper could be of value to the readership of the Journal. However, you should provide the list of used abbreviations to facilitate the reading.

Response to your comments;

Thank you for your careful reading and constructive comments. We provided the list of used abbreviations in the “TERMINOLOGY” section (page 17 line 2-7).

Reviewer’s code: 00227386

Comments to the reviewer;

Thank you for your careful reading and constructive comments. We have mostly accepted your criticisms and revised our manuscript accordingly. In the summary below, the numbering of our responses corresponds to the numbering of your comments. All corrections were underlined in the text.

Response to your comments;

Comments to the authors;

a) Pages 2 and 3. “surgeries....are” should read “surgery....is”.

Response

We are very sorry, and corrected it properly (page 6 line 6).

b) Page 2. There were 12 patients with 13 lesions. It should be mentioned that one patient had two lesions giving the site and nature of the lesions.

Response

Thank you for your constructive comment. We added an explanation about the patient in the “Abstract” and “M&M” sections (page 3 line 5, page 7 line 5-6)

c) Page 4. Line 6. “neuroendocrine tumours (SMT)” should read “neuroendocrine tumours (NET).

Response

We wanted to describe our rough indications for the duodenal LECS in this sentence. Therefore, we rewrote it into “SMT” because the SMT includes NET and GIST etc. (page 7 line 7-19).

d) Page 6. At the bottom “(Figure 4)” should be added. e) Page 7 The abbreviation (RO) should be given in full.

Response

Thank you for your careful reading. We added the term of “(Figure 4)” (page 11 line 12), and also explanation for RO (page 12 line 16).

Figures:- a) Figures 2 and 3 are not clear.

Response

Thank you for your constructive comment. We changed them into the color photos (Figure 2 and 3).

b) Figure 4 needs arrows pointing to the duodenum.

Response

Thank you for your constructive comment. We added arrows pointing to the duodenum as you suggested (Figure legends and Figure 4).

Reviewer's code: 00058744

Comments to the reviewer;

Thank you for your careful reading and constructive comments. We have mostly accepted your criticisms and revised our manuscript accordingly. In the summary below, the numbering of our responses corresponds to the numbering of your comments. All corrections were underlined in the text.

Response to your comments;

1. What is the indication for the treatment of these duodenal tumors? All duodenal tumors are treated by LECS? Or some duodenal tumors are resected by EMR? Please show the ratio of these treatments.

Response

Thank you for your constructive comment. We added some explanations about our indications for the treatment of duodenal tumors in the "M&M" section (page 7 line 7-19), and also presented the numbers of cases treated by EMR or common ESD during the same period in the "Results" section (page 10 line 5-8).

2. Please use color photo for endoscopic findings.

Response

Thank you for your constructive comment. We changed them into the color photos (Figure 2 and 3).