

Dear WJCC,

*Below are the comments made the four reviewers and my corresponding response.*

**1. Reviewed by 00055108**

***Well written - well balanced - minor comments***

Thank you.

**2. Reviewed by 03505541**

***The authors aimed to identify the prevalence of ESPs in an Australian tertiary hospital cohort and to assess for possible clinical associations and to assess its association with esophageal squamous cell carcinoma (SCC) whose large data from a total of 6962 upper gastrointestinal endoscopies though they provided no novel finding because ESP is relatively rare disease. I only had little comment.***

Although a strength of our study is the large data, the rarity of ESPs and small absolute number of cases does indeed make it difficult to identify novel findings. There were however certain clinical features including high BMI and cigarette smoking found to be prevalent in patients with ESPs which have not been previously described in the literature. Also, the SCCs in the same study period did not seem to have papillomatous changes which may suggest that ESP are benign. These findings generate hypotheses that need to be examined in large longitudinal studies.

**3. Reviewed by 03474795**

***Jideh et al. reported their experience of esophageal squamous papilloma (ESP) from 6962 upper gastrointestinal endoscopy cohort for 5 years. They investigated clinicopathological associations of this disease and found no clear association. Although ESP is relatively rare disease, there have been many reports with this disease and this manuscript provides no novel finding. A major problem of this study is lack of clinicopathological information of the control patients who did not have ESP. In order to clarify clinicopathologic features of EPS, clinicopathologic associations should be analyzed between patients with and without EPS.***

We accept the lack of clinicopathological information of the control group. Gathering such information would have been a substantial undertaking given the large numbers and likely to be incomplete given the retrospective nature of the study. However, clinicopathological information was collected on both ESP and SCC cases in the study and such information was analysed to make meaningful interpretations and suggestions.

**4. Reviewed by 00029041**

***I have found little novel findings in this paper. It has no priority to be published.***

Similar to comments made above, our study identified certain clinical features to be prevalent in patients with ESP including high BMI and cigarette smoking, which have not been previously described. Also, the SCCs in the study period did not seem to progress from ESPs which may suggest ESP are benign. Although not definite, these findings contribute to the body of hypotheses surrounding ESP, and on this basis we feel our study is worthy of being published. Large longitudinal studies are no doubt required to help clarify clinicopathological associations of ESPs and their malignancy potential in order to establish appropriate management and surveillance strategies