

For editor's comment in the manuscript:

I appreciate your kind and careful comment of our paper.

(1) Please provide language a certificate letter from a professional English language editing company (Classification of the manuscript language quality evaluation is B).

For manuscripts submitted by non-native speakers of English, please provide a language certificate from one of the professional English language editing companies mentioned in 'The Revision Policies of BPG for Article.'

--> We have already mentioned this in the end of manuscript like below;

“The English in this document has been checked by at least two professional editors, both native speakers of English. For a certificate, please see:

<http://www.textcheck.com/certificate/cpE0Tm>

(2) Others were corrected in the manuscript as your comments of the edited-file. Figure 1 is made by ppt as your recommendation.

For reviewer:

I appreciate your kind and careful comment of our paper.

This is a nice review focusing on the endoscopic resection of undifferentiated EGC. The following suggestions should help to improve the manuscript:

1. Figure 1: please comment on the high rate of patients that did not undergo any further treatment after non-curative ER in poorly differentiated adenocarcinoma (22.2%)

--> I am very thankful to your comment. All of reasons not to undergo any further treatment in PDA were refusal of the patients. One of the reasons to refuse further treatment was old age. The reasons of SRC (not to undergo further treatment) were similar to those of PDA.

2. Figure 1: what does "Expire" mean; please explain in the figure legend

--> Meaning of "expire" was 'cancer-related death'. Thus, I inserted this in the figure legend like below;

Figure 1 Follow-up outcomes after endoscopic resection (ER) of undifferentiated-type EGC (UD-EGC). The numbers in the boxes are the numbers of cases. ***'Expire' means 'cancer-related death'.**

3. Figure 2A: the lesion should be marked by a circle like in Figure 4

--> I am very thankful to your comment. I marked the lesion using a circle.

4. Figure 2B: the lesion should be marked by arrows

--> I am very thankful to your comment. I marked the lesion using arrow.

5. Please provide a decision algorithm for ER of UD-EGC based on the findings presented in your review

--> I am very thankful to your comment. I added a figure about decision algorithm for ER of UD-

EGC like below;

Figure 5 A suggested decision algorithm for endoscopic resection (ER) of undifferentiated-type EGC (UD-EGC)

- a Biopsy of several peripheral regions may aid in the exact diagnosis of undifferentiated-type histology prior to ER
- b Histologically minimum lateral margins should be wider than 3 mm for curative resection after ER
- c Even when complete resection has been achieved, short-term follow-up endoscopy to detect undifferentiated histology after ER may help to evaluate the risk of residual tumor development.

PDA, poorly differentiated adenocarcinoma; SRC, signet ring cell carcinoma; EUS, endoscopic ultrasonography;

6. Please additionally discuss the possibilities of limited surgery (e.g. laparoscopic-endoscopic procedures etc.) after non-CR of UD-EGC

--> I am very thankful to your comment. I added this in the manuscript like below;

Additive treatment after non-CR of UD-EGC

----- Hybrid natural orifice transluminal endoscopic surgery (NOTES) may be a good option for additional treatment after non-CR of UD-EGC. However, further work is necessary.
