

Our point-by-point responses to the reviewers' comments

Thank you for reviewing our manuscript (ESPS Manuscript NO: 24896, entitled “Efficacy and safety of Endoscopic Submucosal Dissection under General Anesthesia” by Kanefumi Yamashita, Hironari Shiwaku, Toshihiro Ohmiya, et al.). We have revised the manuscript according to the reviewers' comments and suggestions. We believe that the revised manuscript has been significantly improved because of the reviewers' comments, suggestions, and advice. We would like to request that it be considered for publication in the *World Journal of Gastrointestinal Endoscopy*.

Our responses to the comments from reviewer 1:

- 1. In Introduction section; in page 1, intraoperative perforation should change to "perforation"**

Thank you for your advice. We have revised the term in accordance with your comment.

- 2. In discussion section; second page , second paragraph should write without numeric clasification.**

Thank you for your advice. Based on your comments, we have revised the abovementioned sentences.

- 3. In conclusion section; "moreover" should change to "also"**

Thank you for your comment. We have revised the term “moreover” to “also,” in accordance with your comment.

- 4. The authors should explain why patients stayed hospital after surgery nearly 7 days?**

Postoperative hospital stay in our study may be more than that in other advanced nations. In Japan, the average number of hospitalization days is greater than that in other advanced nations because of the difference in the medical insurance system. Thus, the length of hospitalization days in our study was not because of general anesthesia. The length of hospitalization days is being improved by the national state policy in

Japan; however, the hospital stay might be still much longer than that in your country. Hence, we have accordingly included this opinion in the discussion section.

5. **Table 1-3-5 and Table 2-4-6 could be combine in one table with 3 columns which belongs to type of surgery.**

Thank you for your advice. We have revised the abovementioned tables in accordance with your comment.

Our responses to the comments from reviewer 2:

1. **Re: Efficacy and safety of Endoscopic Submucosal Dissection under General Anesthesia by Yamashita K et al. In the article Endoscopic Submucosal Dissection (ESD) under General Anesthesia authors tried to evaluate the efficacy and safety of ESD under general anesthesia in the retrospective manner. What is interesting and important for the evaluation of the ESD method, and was not mentioned in the article is: - A total number of newly diagnosed neoplasms of the stomach, esophagus, and colorectum at the Fukuoka University School of Medicine and ratio of those which were endoscopically dissectible, - How many medical records were searched - How many endoscopic dissections under general anesthesia were performed and were not included in the study (benign lesions after histological evaluation was finished, any procedures that were postponed for surgical resections) i.e., inclusion and exclusion patients' criteria,**

Thank you for your advice. We performed endoscopic submucosal dissection (ESD) under general anesthesia at Department of Gastroenterological Surgery, Fukuoka University School of Medicine in accordance with our indications (the predicted procedure time was >120 min, an insufficient effect of conscious sedation (such as that in heavy drinkers) was observed, or strict anesthetic management was required). Other ESD cases were performed by physicians at Department of Gastroenterological Medicine. We could not get the total number ESD cases at Department of Gastroenterological Medicine because of the difference in department. Thus, we tried to evaluate the efficacy and safety of ESD under general anesthesia. We performed ESD for all patients who required ESD under general anesthesia in accordance with our indications except for two patients who rejected the treatment for neoplasms because of

their old age. We have revised the methods section regarding patients according to your comment.

2. - More data regarding general anesthesia that was performed. Anesthetic gases?

Thank you for your advice. We have added the methods general anesthesia according to your comment.

3. Minor comments: - The most of the data from the Results section were reported in the tables, and repeated in the text again, - Demographic data and operative results may be summarized in two tables with one column for each procedure: oesophageal, gastric and colorectal endoscopic submucosal dissection

Thank you for your advice. We have revised the abovementioned tables in accordance with your comment.