

Dear Editor Gong:

On behalf of my co-authors, I am grateful for the opportunity to submit a revised version of our manuscript, now titled "**A new magnifying endoscopic classification for superficial esophageal squamous cell carcinoma**" for consideration for the *World Journal of Gastroenterology*.

Please find attached with this letter a point-by-point response to the comments of the reviewers. We are thankful for all the critical inputs, as these suggestions have greatly enhanced the quality of our manuscript.

Please let me know if we can provide any further information. We trust that our manuscript is now suitable for publication and look forward to your decision.

Thank you again for your consideration.

Sincerely,

Gwang Ha Kim

Department of Internal Medicine, Pusan National University School of Medicine and Biomedical Research Institute, Pusan National University Hospital, 179, Gudeok-ro, Seo-Gu, Busan 602-739, Korea

E-mail: doc0224@pusan.ac.kr

Reply to Reviewer's Comments

1. The work has great interest, due to the importance of the theme. I wonder if was there a correlation between the size and the morphology of the lesion with the classification used

- We reanalyzed our data according to tumor size (<3 cm vs ≥ 3 cm) and found that there were no type B1 tumors among lesions ≥ 3 cm in size and that the accuracy of ME-NBI tended to decrease in lesions ≥ 3 cm in size than in lesions <3 cm. Therefore, we have added these results in the Results section as follows:

Of 48 lesions <3 cm in size, 20 were classified as B1 tumors, 19 as B2 tumors, and 10 as B3 tumors. Of 21 lesions ≥ 3 cm in size, 12 were classified as B2 tumors and 9 as B3 tumors. The accuracy of ME-NBI for estimating depth of invasion of SESCC was lower in lesions ≥ 3 cm than in lesions <3 cm, but the difference was not statistically significant (61.9% vs 85.7%, $P = 0.053$).