

May 5, 2017

Dear Editor,

Please find enclosed the edited manuscript in Word Format (file name: Cryotherapy for WGJE edits)

**Title: Efficacy and Safety of Liquid Nitrogen Cryotherapy in the Treatment of Barrett's Esophagus**

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**Response to Reviewer Comments**

We thank the reviewers for their valuable feedback. We have revised the manuscript in accordance with the reviewers' comments and we explain our revisions below.

**Reviewer #1-1**

[The] paper needs more knowledge and explanation for tissue sampling, especially after cryotherapy; did you use a standard sampling technique in every patient? Especially in patients with HGD and IMC. How long did you wait for resampling after cryotherapy, etc

Response:

Thank you for pointing this out.

Mucosal biopsies were obtained prior to the onset of therapy every 1cm in four quadrants as well as targeted biopsies for areas of concern. Surveillance biopsies using the same technique were at the discretion of the treating endoscopist during treatment and were performed after complete eradication of visible Barrett's in the entire pre-treatment segment at 3, 6, and 12 months following completion of therapy. (Paragraph 3, Page 5)

**Reviewer #2-1**

Sampling technique should be described in more details

Response:

See above (Paragraph 3, Page 5)

**Reviewer #2-2**

The results of statistical analysis should be clearly indicated both in the text and in the tables.

Response:

We thank the reviewer. We have altered the results section to make the data more readable and understandable.

**Reviewer #3-1**

The authors should clarify the novelty or significance of this study.

Response:

We thank the reviewer for the comment and we have updated the discussion and comments to highlight the significance of the study. This is one of the few studies showing long term pathologic response to cryotherapy in a large cohort.

**Reviewer #3-2**

Currently RFA ablation therapy has widely [been] performed for the treatment of Barrett's esophagus. I would [ask] the author to discuss the advantage of (sic) disadvantage of the liquid nitrogen cryotherapy compared with RFA ablation therapy, then to discuss potential division of clinical practice between the two techniques.

Response:

We thank the reviewer for discussing the clear division in treatment options. We agree that RFA is the standard for Barrett's ablation. The point of this study was not to compare and contrast these two modalities. Rather, this study shows long term pathologic response to cryotherapy. As such, we have not expanded our conclusions to compare ablative techniques.

In our own clinical practice, we start with RFA following EMR in nearly all patients unless they are unable or unwilling to tolerate RFA and the increased pain associated with RFA compared to cryotherapy.