

## Reviewer 1

1. I was wondering if the authors finally think that the depth of infiltration from the surface to the invasion front can replace with classical pT diagnosis or not. As the authors described that exact pT staging is of crucial importance in early adenocarcinoma of the oesophagus as the risk of lymph node metastasis increases with infiltration depth. I would like to expect the measurement from the surface correlate with lymphatic invasion or vascular invasion based on ESD specimen.

Answer:

It was not our aim to replace the conventional histomorphological classification by morphometry but to provide an adjunct to facilitate the conventional method especially in difficult cases.

We clarified that in the introduction part on page 4:

....early oesophageal adenocarcinoma and searched for a new parameter facilitating the exact subclassification **as an adjunct to the conventional histomorphological method.**

And on page 11 in the discussion part:

**It has to be emphasized that the morphometric analysis is an adjunct to the conventional histomorphological evaluation and not its replacement.**

Only one case of the test set showed a lymphatic invasion. A correlation could not be calculated. We stated that in the results part on page 7:

**Only one case of this collection with a clear submucosal infiltration and tumour thickness of 3600 µm showed lymphatic invasion. Venous invasions were not identified. Therefore, correlations between tumour thickness and vascular invasion could not be calculated.**

2. In association with #1, if the authors have available clinical long-term outcomes such as details of additional surgical treatment or lymph or distant metastasis after ESD or additional treatment. I would like the authors to show them if possible.

Answer:

Unfortunately, we cannot provide follow-up data. Our primary study aim was an comparison with the histomorphometrical method.

3. I was wondering if the tumor thickness of polypoid lesion had relationship with lymphatic invasion or vascular invasion although it may not reflect the pT stage. 4. Please show the definition of polypoid growth pattern that the authors excluded. For example, the length of the polypoid lesion is over 1000µm or more or depending on the endoscopist's report?

Answer:

We kept to the Paris classification. We described that on page 5 of our manuscript. We therefore did not change the manuscript. Concerning L1 see above.

Reviewer 2

Dear Authors, Congratulations on a good job! I find Your work very interesting and applicable in the clinical praxis. I have found only one - grammatical error in the „Results“ section. I believe there should be written: „...(m1-m3), showed significantly...“, instead of „showing significantly“.. Or please rearrange a whole sentence

Answer:

We corrected this according to the reviewer's comment

Comment concerning language polish:

The manuscript has been revised by a professional language editing service. The certificate is provided along with the other documents.