

Reviewer 1:

Dear authors,

As a whole, this paper is well reviewed, but some sentences should be modified.

1) Authors described “Larger tumors with diameter greater than 2.5 cm achieved greater curative resection rates as compared to the smaller tumors.

On the other hand, the reference [46] described that “The pooled R0 resection rate was 85% (95% CI, 80%-90%) for large tumor and 92% (95% CI, 87%-93%) for small tumor ($p < 0.001$).”

“Greater” is apparently incorrect. Lower or slightly lower seems to be appropriate.

Response: We apologize for the error. This was corrected.

2) Authors described “Ishihara et al in their retrospective study on 136 patients in Japan, showed that in lesions smaller than 15 mm, ESD was associated with achieving complete remission. [49]

I don't think this sentence is appropriate, because this [49] abstract described that “The en bloc resection rates decreased in the order of ESD (100%), EMR using a transparent cap (EMRC) (87%), and 2-channel EMR (71%). However, the differences showed only marginal significance. The curative resection rate of ESD (97%) was significantly higher than those of the other 2 methods. Furthermore, the curative resection rate of EMRC (71%) was significantly higher than that of 2-channel EMR (46%). In lesions <15 mm, the en bloc and curative resection rates were significantly higher for EMRC (100% and 86%, respectively) than 2-channel EMR (86% and 51%, respectively), whereas no significant differences were found between the en bloc and curative resection rates of EMRC and ESD.” In general, en bloc resection rate and curative resection rate of EMR or EMRC are largely influenced by the size of lesions, but those of ESD are much less influenced.

Response: This was corrected.

Authors also described that “Overall, ESD has led to excellent 5-year survival rates of 90% to 99% in Asian countries.[47,48]”

I think it is better to add “excellent en bloc resection rates and curative resection rates” to this sentence or change your sentence appropriately.

Response: This was revised as suggested.

- 3) Authors described that “In patients undergoing ESD for ESCC, the rates of strictures may be higher if the entire circumferential esophagus is dissected and >5 cm of longitudinal muscle defect length is present. [54]”

This sentence includes an incorrect word.

“muscle defect” should be changed to “mucosal defect”.

Response: This was changed to mucosal defect.

- 4) Authors repeated this sentence in another paragraph as follows, “In patients undergoing ESD or EMR for ESCC, the rates of stricture/stenosis may be higher with ESD if the entire circumferential esophagus is dissected and >5 cm of longitudinal muscle defect length is present. [54]”

This sentence should be deleted to avoid the repetition.

Response: This sentence is deleted.

- 5) Authors described “EMR is generally a safe procedure with rare risk of complications. With focal EMR, strictures and bleeding are seen in about 2% respectively. [36] SRER or extensive EMR can cause bleeding in 2.4% to 25% cases. [24] The rate of stricture formation is also higher as compared to focal EMR, with rates as high as 33-88% as shown in some studies. [24,37] Perforations are rare with EMR and seen in 0-5% of patients. [38]”

I am afraid that “rare” seems to be underestimated. It seems to be better that “rare” is changed to “low” or an another word.

Response: The word “ rare” was changed to low.

Reviewer 2:

This is a good editorial about endoscopic treatment of early esophageal cancer. The authors summarized the ER results according to the histologic subtype. For better understanding of readers for ER technique, please insert the Table showing the merits and defaults of each ER technique if possible.

Response: This table was included.