

Response to reviewers

Dear Reviewer,

We appreciate the feedback and the time spent in the analysis of our study. Regarding the considerations given, we have submitted the manuscript for correction as suggested, including modify the article format. We already sent our article for English correction as you suggested to American Journal Experts and the certificate is attached with other documents. The revised manuscript is also attached. The corrections and comment's are highlighted in red.

It is worth remembering that the other modifications suggested by the editors have already been corrected in previous revisions. I've included the suggestions from the editors and the corrections already made below.

We hope that the manuscript is now adequate with the requested corrections. Look forward to your response, and we are available for any further questions.

Response to reviewers (preview)

Reviewer #1: This is a very interesting article with regard to compare the Treatment of high-grade dysplasia and intramucosal carcinoma endoscopic using RFA or EMR + RFA. They included a total of 1950 patients, with 742 in the EMR + RFA group and 1208 in the RFA group. EMR + RFA is a safe and efficient method, without major complications, in the treatment of HGD and intramucosal carcinoma, with higher rates of remission than RFA alone. The manuscript is generally well-written except some abbreviations not explained.

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We appreciate the feedback and the time spent in the analysis of our study. Your evaluations and comments are of great importance to address previously possible questions that may arise in readers and to raise the quality of work.

Regarding the considerations given, we will answer below and highlighted (red) the modifications on the manuscript.

We explained the abbreviations in the text as suggested. We believe that the manuscript is interesting and more abundant in detail now. Thanks for your suggestion!!!

Reviewer #2: Manuscript is of current interest. Need revision. Major comments-

- 3. Discussion- page 8. Para 1 is poorly understandable. Please rewrite para 1, page 8.**
- 4. Discussion- (page 8. Para3). Authors could have discussed the result of a meta-analysis done by Qumseya BJ et al (Clin Gastroenterol Hepatol. 2016) and Gastrointest Endosc. 2017**
- 5. Discussion- (page 8. Para 4). there are no systematic reviews comparing the two groups Please see study by Qumseya BJ et al (Clin Gastroenterol Hepatol. 2016) and Gastrointest Endosc. 2017.**

Minor Comments-

- 1. Title of article- better to add word meta-analysis**
- 2. Abstract- Please rewrites AIM.**
- 3. Please use uniform word ie thoracic pain or chest pain.**
- 4. Page-4, para-1- Aim of meta-analysis is----- ? was**
- 5. Page-7, para-last- 66%X43%.... ? 66%versus43%.**
- 6. Needs better language editing.**

Dear Reviewer,

We appreciate the feedback and the time spent in the analysis of our study. Your evaluations and comments are of great importance to address previously possible questions that may arise in readers and to raise the quality of work.

We also have the help of one of the authors, Mr. Ethan Dwane Maahs, Native English Speaker, in writing this manuscript.

Regarding the considerations given, we will answer below and highlighted (red) the modifications in the manuscript.

Major comments-

3. Discussion- page 8. Para 1 is poorly understandable. Please rewrite para 1, page 8.

A: Thanks for your suggestion. We made this modification.

4. Discussion- (page 8. Para3). Authors could have discussed the result of a meta-analysis done by Qumseya BJ et al (Clin Gastroenterol Hepatol. 2016) and Gastrointest Endosc. 2017

A: The systematic review by Qumseya BJ et al. is now included in this review. We note that the review by Qumseya et al. evaluates the effectiveness of RFA versus surveillance only in preventing disease progression in patients with BE, which is different from the systematic review we are presenting. We discuss these articles quoted above in the discussion section.

5. Discussion- (page 8. Para 4). there are no systematic reviews comparing the two groups Please see study by Qumseya BJ et al (Clin Gastroenterol Hepatol. 2016) and Gastrointest Endosc. 2017.

A: Thank you for your suggestion. We made this corrections and the results of this study are addressed in the discussion section.

Minor Comments-

1. Title of article- better to add word meta-analysis

A: The word "meta-analysis" has been included in the title following your valuable suggestion. Thank you.

2. Abstract- Please rewrites AIM.

A: The AIM has been rewritten to be clearer to the reader.

3. Please use uniform word ie thoracic pain or chest pain.

A: We have changed all chest pain to "thoracic pain". Thanks for your suggestion.

4. Page-4, para-1- Aim of meta-analysis is----- ? was

A: We modified the paragraph to: "The aim of this meta-analysis is to compare RFA and EMR + RFA in the treatment of HGD and intramucosal carcinoma in patients with Barrett's esophagus, specifically in regards to the efficacy and the prevalence of adverse events in each treatment. "

5. Page-7, para-last- 66%X43%.... ? 66%versus43%.

A: We made this correction.

6. Needs better language editing.

A: Several changes were made with help from a native speaker, these were marked in red in the modified version. These changes were made to make the text more understandable and easier to read. Additionally, we sent the review to a professional English reviewer following editorial board request.

Dear reviewer, we hope that we have answered all your questions and hope that your new analysis is positive. We look forward to your response, and we are available for any further questions.

Reviewer #3: This was a comprehensive evaluation of RFA/EMR vs RFA alone. The statistical analysis was impressive; especially regarding methodology employed. However, the language is somewhat awkward in parts. This includes the core tip. Esophagectomy-you should state was the only option for BE-HGD and mucosal cancer prior to endoscopic ablation. I would not use "traditionally". Regarding content, you must enumerate more details about endoscopic methods-Duette vs Olympus cap-especially since the latter is associated with a bigger resection specimen at the cost of more complications, Also what about the determination of residual BE? was NBI or endomicroscopy used? Was it solely visual. I realize there was heterogeneity but was the biopsy protocol uniform and were multiple pathologists used to confirm HGD? What about "buried" BE? The discussion really needs to be beefed up. Only a few paragraphs and 17 references are not sufficient. Overall, the results are apparently valid but the manuscript need revisions.

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We also have the help of one of the authors, Mr. Ethan Dwane Maahs, Native English Speaker, in the writing of this manuscript.

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1. This was a comprehensive evaluation of RFA/EMR vs RFA alone. The statistical analysis was impressive; especially regarding methodology employed. However, the language is somewhat awkward in parts. This includes the core tip. Esophagectomy-you should state was the only option for BE-HGD and mucosal cancer prior to endoscopic ablation. I would not use "traditionally".

A: Thanks for your suggestions. An English native speaker revised the manuscript to improve the quality of our paper. The core tip was modified following your suggestion. I have removed the word “traditionally”.

2. Regarding content, you must enumerate more details about endoscopic methods-Duette vs Olympus cap-especially since the latter is associated with a bigger resection specimen at the cost of more complications, Also what about the determination of residual BE? was NBI or endomicroscopy used?

A: The data available about the techniques used for EMR and the diagnostic method used for follow-up are now included. A table that summarizes this data was also included.

3. Was it solely visual. I realize there was heterogeneity but was the biopsy protocol uniform and were multiple pathologists used to confirm HGD? What about "buried" BE? The discussion really needs to be beefed up. Only a few paragraphs and 17 references are not sufficient. Overall, the results are apparently valid but the manuscript need revisions.

A: There is no homogeneous diagnostic protocol between the included studies; imaging methods, chromoscopy and serial biopsies were used to diagnose high-grade dysplasia and intramucosal carcinoma. In all studies, except for Li 2015, the samples were reviewed by two pathologists. Considering your suggestion, we included a section about buried BE in the discussion section.