

Dear Prof. Jia-Ping Yan

Thank you very much for your decision letter and advice on our manuscript (Manuscript 5776) entitled “Endoscopic resection of benign esophageal schwannoma”. We also thank the reviewer for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by *Medjaden* Bioscience Limited.

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer

Specific Comments

Authors reported three esophageal schwannomas resected endoscopically. Esophageal schwannomas are rare, and endoscopic resection cases are still rarer. In this regard, this kind of case report is quite valuable.

Major comments: 1. As for the indication of resection, there are still concerns. In Case 1, authors stated that the patient was recommended to undergo surveillance, but he insisted on endoscopic resection, but as for the other remaining two cases, the reasons for the decision for treatment were not fully described. As authors stated, ESE or STER technique is accompanied with perforation risk; therefore, the necessity of treatment should be carefully considered.

Response: Thank you for your insightful suggestion. In case 2, the preoperative diagnosis was esophageal leiomyoma, which could be resected with endoscopic treatment. Hence, we used the STER technique to resect the lesion under general anesthesia after receiving informed consent from the patient. In case 3, the specific nature of the submucosal tumor was not clear. The patient refused to undergo thoracic surgery and insisted on endoscopic minimally invasive resection. We resected the lesion by using the STER technique. Several sentences have been changed in the Discussion section of the revised manuscript (Page 13, Lines 177-178, Page 14, Lines 199-202) to address this issue.

2. In case 3, the diameter of the tumor was 28 mm, but en bloc resection was impossible. In the discussion section authors stated that esophageal schwannoma > 30mm should be resected by a kind of thoracoscopic approach, but this indication should be more discussed.

Response: Thanks for raising this critical issue. For larger lesions (> 3 cm), it may be difficult to dissect around the lesion due to adhesions and limited space. Based on our experience, we believe that for larger lesions (transverse diameter > 28 mm), especially tumors with cystic degeneration, endoscopic treatment

may not be suitable. For such lesions, endoscopic treatment combined with video-assisted thoracoscopic surgery may be a better option. Based on our experience, this point has been mentioned in the revised manuscript (Page 19, Lines 310-311).

Replies to Editorial Office's comments

(1) *Science Editor:*

Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Thanks for your positive comment on the present study and insightful suggestion for further investigations. We have added the original pictures.

(2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: PMID and DOI numbers have been added in the revised manuscript with the exception of old published references (10,11). Reference article number 13 was published in a Japanese journal and we could not find the PMID number for the article.

(3) The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS”, “TREATMENT”, and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Corrections have been made in the revised manuscript (Page 12, Line 143, 149, Page 14, Lines 206)

Editorial Office Director: I have checked the comments written by the science editor. The author should fill out each item of the CARE checklist (2016) with page numbers. The authors need to provide an editable manuscript (format: .doc or .docx).

Response: We have provided an editable manuscript for the CARE checklist.

Company Editor-in-Chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend

Response: We have provided the English Language Certificate issued by a professional English language editing company.