ROUND 1

Dear editor,

Thank you very much for your kind e-mail, which gave us the possibility to revise our manuscript. We have amended the paper according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your journal. Each comment has been answered accordingly in the manuscript and each text that has been altered was highlighted red in the revised manuscript.

We hope that the revised version will fulfil the requirements for publication in the World

Journal of Gastrointestinal Oncology.

Thank you very much.

Reviewers comments #1

1) The method of recruitment for participants seems to have a possibility of not-negligible selection bias. Show more details how the author recruited the participants to minimize the effect of selection bias.

Thank you for your insightful suggestion. Indeed, there will always be a selection bias in online surveys, particularly because our survey is voluntary and also no incentive was provided for completion of the survey. However, to reduce this potential bias, we attempted to obtain as many contacts as possible, through contacts of our ABC members and various professional societies and conferences. The response rate of >50% is considered as acceptable in most surveys. We have acknowledged this important point as one of our study weaknesses under discussion.

2) As shown in figure 1, the gaps of numbers of participants for each countries are wide. The proportion of participants among all endoscopists in each countries should be shown

Thank you for your suggestion. We agree, that especially in countries with fewer than 100 respondents, it is likely that the responses may not be proportional to the total number of endoscopists, and the true proportion would be difficult to assess

and compare. However, this should not dilute the importance of this manuscript, which was to highlight the difference in diagnosis and management between endoscopists in Asia, especially those in Japan and outside Japan. We have acknowledged this in the discussion as one of the study weaknesses, and also highlighted that the discrepancy in numbers should not have an impact on the observation that there was a difference in the practice pattern in Asia.

3) As shown in Table 1, the participants included trainees with 5 years of endoscopic practice. Even if this participant was a well-trained endoscopist, the younger endoscopists should be excluded from this study under well controlled condition. It might be preferable to include only the endoscopists in trainer position.

We appreciate the concerns raised by the reviewer. As the intent of the survey was to obtain the current perception of endoscopists in general, we reflect that it would inadvertently include the clinical judgement and opinions of both junior and senior endoscopists. Indeed, important knowledge gaps in both junior and senior endoscopists need to be addressed, as the junior endoscopists of today will become the senior endoscopists of the future. This is an important discussion point brought up by the reviewer and we thank you for it. We have included this in the discussion to emphasize to our readers on this.

<u>Reviewers comments #2</u>

Introduction: The definition of BE is incomplete (or at least reflects only the UK definition) and should be completed by mentioning the presence of M.I.; this is discussed later, but it should be mentioned from the very beginning. – have addressed this.

M&M What does it mean "regions"? (line 1) please specify. Changed to countries

Who were the "regional experts"? Please define experts and how they were selected. How many were selected per each country? Which professional societies were involved? Did you perform a formal Delphi process to prepare the questionnaire?

We thank the reviewer for giving us the opportunity to clarify. The Asian Barrett's Consortium was established in 2008 under the auspices of the National Cancer

Institute, National Institutes of Health, United States of America, consisting of GI endoscopists from various countries within and outside Asia, who are well-published in the field of Barrett's Esophagus with a strong interest in Barrett's Esophagus. Most Asia-pacific countries are represented with at least one representative. Various Asian professional societies were involved, such as APAGE, JSGE. In the development of the questionnaire, the first and second drafts of the questions were disseminated to all members in the Consortium for discussion and approval.

Some questions are difficult to explain: why a second opinion should be asked for indefinite for dysplasia and not for low-grade dysplasia, as recommended by the UK guideline?
For the purpose of this study, we assume that the diagnosis of low-grade dysplasia is definite (i.e., beyond doubt), and thus no option for a second opinion whilst the diagnosis of indefinite dysplasia is indefinite (i.e., doubtful), and thus the option of a second opinion.

Results The number of 1016 endoscopists contacted seems to be quite low, considering that only the Japan Gastroenterological Endoscopy Society has 34,578 members in 2019; I imagine that the Chinese Society of Gastroenterology is even larger. Very few endoscopists from other countries (Myanmar, Laos, Philippines, and Australia participated in the study), only 24 (!) from India, 11 from Taiwan. It appears that only a small percentage of all Asian UGI Endoscopists have been contacted and the modality of selection should be clarified – have addressed this

Forty percent of the respondents have a scant idea of what BE is, given their definition of the GEJ, and since the vast majority of them are not from Japan, this shows that outside Japan there is an enormous need for education.
It is also not clear the distinction between academic and not academic endoscopists: since 76% of endoscopists in Japan seems to know how to define BE, the information

between academic and not academic endoscopists may be relevant only for those outside Japan.

Discussion. The AGA guidelines (2011) defines BE as the presence of any length of columnar epithelium above the GEJ, provided that IM is present. In 2016 the ACG defined also the minimal extension of BE for diagnosis (> 1 cm) The most striking finding of the study is the wrong GEJ definition by most of the non-Japanese endoscopists. This should be enhanced in the discussion and put in the first paragraph. – have shifted in to the first paragraph of the discussion

The sentence of the preference of Asian endoscopists for NBI in the case of BE is speculative. Please omit it. – have changed it

Consider mentioning the recently result of the ASPECT trials when discussing chemoprevention (Jankowski, Lancet 2018) - added

When discussing the therapeutic options for LGD, please consider the need for a second opinion by a pathologist before starting any invasive treatment. - added

Scientific editor

1 Scientific quality: The manuscript describes an observational study of the multinational survey on the preferred approach to management of Barrett'S esophagus in the Asia-Pacific Region. The topic is within the scope of the WJG. (1) Classification: Grade C and Grade D; (2) Summary of the Peer-Review Report: This is a well-written manuscript about the multinational survey of endoscopists concerning the management of Barrett's esophagus. It revealed the gaps between endoscopists of Asian countries and suggested problems to be solved to establish an unified criteria in Asian. The questions raised by the reviewers should be answered; and (3) Format: There are 4 tables and 1 figure. A total of 23 references are cited, including 2 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Two Grades B. The authors are native English speakers. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, and the written informed consent. No academic misconduct was found in the CrossCheck detection

and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG.

5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions - added

(2) 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 - done

(3) 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; done

(4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. - done

6 Re-Review: Required.

7 Recommendation: Conditional acceptance.

ROUND 2

We thank the reviewer for the comment in the revised manuscript and have made the necessary amendments in the attached manuscript. The changes are made in blue. Thank you.