Title: The knowledge, attitude, and practice of monitoring early gastric cancer after endoscopic submucosal dissection
Journal: World Journal of Gastrointestinal Surgery

Response to Reviewers' comments

Dear Editor,

We would like to express our gratitude for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and have made modifications to improve the manuscript accordingly. After carefully reviewing the comments made by the reviewers, we have made necessary adjustments to improve the presentation of our results and their discussion. This ensures a comprehensive context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with any further questions or concerns regarding the manuscript.

Best regards,

Reviewer #1

Comment 1: *You recruited 400 EGC survivors for your study. How did you calculate the sample size?*

Response: Thank you for the comment. Due to the lack of relevant literature, the sample size was calculated based on an anticipated proportion of 50% of ECG survivors engaging in monitoring early gastric cancer, with a 95% confidence level and a 5% margin of error. As a result, a sample size of 384 was required. This information has been added to the Materials and Methods section of the revised manuscript (line 157 to 161).

Comment 2: *Patients were recruited by telephone calls from the hospital. Patients who agreed to participate in this study were surveyed when they came to the hospital for follow-up. After the questionnaire survey was completed, investigators assessed the completeness, internal continuity, and rationality of the questionnaire. In the case of missing questions, investigators asked patients to answer them. How do you ask for missing data? Through phone or do you ask them to come to hospital? Were there any patients who did not come for follow-up?*

Response: Thank you for your comment. In cases where the questionnaire was incomplete, we contacted the patient by phone. If necessary, we provided assistance to the patient's family in answering the missing questions. There were 25 patients who did not come for follow-up. This information has been added to the Materials and Methods section of the revised manuscript (line 152 to 155).

Comment 3: *You mentioned the scoring system for knowledge, attitude and practice. But how do you categorize into inadequate knowledge or good attitude or poor practice? 3.34 out of 5 was categorized as inadequate knowledge, 23.76 out of 30 was categorized as good attitude and 5.75 out of 11 as poor practice. Do you have any criteria for categorization?*

Response: Thank you for the question. A cut-off point of at least 70% was used to categorize good knowledge, attitude, and practice, as previously described (*Felix Lee et al., Front Public Health. 2022 Oct 31;10:957630*). This information has been added to the Materials and Methods section of the revised manuscript (line 155 to 156).

Comment 4: *Discuss in detail why there was good attitude but inadequate knowledge and poor practice?*

Response: Thank you for the comment. The discrepancy between a positive attitude, inadequate knowledge, and poor practice can be attributed to several factors, including a lack of awareness and education about the specific details and importance of post-ESD care, misconceptions or misunderstandings about post-ESD care, limited access to educational materials, healthcare professionals, and facilities providing post-ESD care, and ineffective communication and a lack of clear instructions from healthcare providers. We have discussed this in detail in the Discussion section of the

revised manuscript (line 256 to 273).

Reviewer #2

Comment 1: *This is a nice work that discusses hot object. but more studies that interact with the patient face to face is more important. Also, the guidelines should be updated to include post ESD patients.*

Response: Thank you for the comment. Indeed, studies that involve direct interaction with patients are crucial in the field. We agree that guidelines should be updated to include post ESD patients. The current guidelines primarily rely on Japan's eCura evaluation system, which assesses the risk of lymph node metastasis based on pathological grading after ESD. These guidelines facilitate developing subsequent treatment and follow-up strategies.

Reviewer #3

Comment 1: *The study design is need for major handling, you mention that the study was conduced between Aug and Oct and this not accurate*

Response: Thank you for the comment. In June, we initiated the design phase and focused on demonstrating the feasibility and ensuring ethical consideration of the project. In July, we dedicated our efforts to recruit participants and raise awareness about the study through various mediums such as WeChat, official account, brochures, and telephone follow-up. Data collection and questionnaire surveys commenced in August as the research team began gathering follow-up cases. This process involved reviewing the information of discharged patients who had undergone ESD for early gastric cancer within the research unit over the past four years. Subsequently, we conducted individual follow-ups and communication with the patients through phone calls. We apologize for any inaccuracies in our previous statement regarding the specific time frame and thank the reviewer for bringing this to our attention. The Method section has been revised accordingly (line 124 to 127).

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Comment 2: *The patients of ESD should instructed strictly about the follow up and the lack of knowledge is a major defect in role of endoscopists and healthcare givers towards the patients as this issue is very critical for the patients.*

Response: Thank you for the comment. You have raised an important point regarding the need for strict instruction to ESD patients regarding follow-up. We agree that the lack of knowledge in this area is a significant issue, and it highlights a potential defect in the role of endoscopists and healthcare providers when it comes to patient education. Recognizing the critical nature of this issue for patients, we emphasize the importance of enhancing communication and education strategies to ensure patients are well-informed about the follow-up process. It is crucial that healthcare providers actively address any gaps in patient understanding and provide clear instructions.

Comment 3: *in the discussion you mentioned a lot of data about HP and its role in gastric cancer and HP not related to study as you discuss another things and this should be deleted to be concassed in your topic*

Response: Thank you for the valuable suggestion. We have removed the content related to HP, as it was not directly relevant to our study.

Reviewer #4

Comment 1: *I recommend to add the reference 10.4251/wjgo.v8.i1.40 to the sentence […] Helicobacter pylori are one of the main risk factors for gastric cancer as it induces inflammatory responses in the stomach as well as genetic and epigenetic changes that lead to genetic instability in gastric epithelial cells. Eradication of H. pylori would eliminate a major cause of cancer death worldwide […] Anyway, there is a lack of the literature supporting the clinical relevance and clinical needs of precancerous condition/lesion and gastric cancer in patients with primary gastric lymphoma. I strongly suggest Authors to add some sentences about current literature as regard this issue. It will add more credibility to your paper.*

Response: Thank you for the valuable comment and the recommendation to include reference 10.4251/wjgo.v8.i1.40 to support the statement about HP as a major risk factor for gastric cancer. However, another reviewer suggested deleting the content about HP as it was not directly relevant to our study. After carefully evaluating the conflicting suggestions, we decided to remove the content about HP to maintain focus on our specific research topic. While we understand the importance of exploring the clinical relevance and needs of precancerous conditions/lesions in patients with primary gastric lymphoma, incorporating unrelated information would deviate from the main objective of our study. We greatly appreciate your suggestion and assure you that our paper maintains credibility by providing a focused and concise analysis within the scope of our research.

Comment 2: *I strongly suggest to add more clear sentences regarding the clinical implication of KAP.*

Response: Thank you for the suggestion. We have revised the Discussion section to address this concern accordingly (line 274 to 284).