

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: 1- Compared to other devices made by Fujifilm company (traction device used in human patients), what are the advantages of this new device.? 2- can you upload a video demonstrating this new technique? 3- what are the obstacles that faced advanced endoscopists during the use of this device? 4- are there any modifications you need to do in this technique, and what about the cost?

Answer: Thank you very much for your careful review of our paper. In response to your questions, we have made the following replies, and we hope you find them satisfactory. We also hope that this article will be published in WJGE.

1- At present, there are many auxiliary traction methods for ESD, such as percutaneous traction, gravity traction, tissue clamp assisted traction, rubber band traction, S-O traction, and there are various traction devices by the Fujifilm company that have been used on patients. Each method and device has its advantages and disadvantages, and the outcomes are also influenced by the operation habits of the operator. The magnetic traction device proposed in this study is still in the experimental stage, and this study is only a preliminary exploration and verification of the idea. From our experimental results, a major advantage of using magnetic devices for traction is that the pulling direction and pulling force of the mucosa are easier to control. Of course, this method also has its disadvantages, such as the need for a special assistant to control the anchor magnet.

2- We regret that the video data could not be retained because this experiment was a preliminary exploration experiment *in vitro*. In a future study, we will conduct experiments on live animals, wherein we will acquire even more valuable video data.

3-The use of this technique by endoscopists requires training and repeated practice to master the operation skills of ESD under magnetic traction. At the same time, a tacit assistant is needed, and the role of this assistant is to provide the operator with good pulling force by adjusting the external anchor magnet.

4- This experiment is exploratory, and thus, the magnetic traction device used herein is the preliminary version. For clinical use, magnetic traction devices should be further optimized to make them more dexterous. The cost of the device is low, about \$200 for the anchor magnet *in vitro* and about \$50 for the target magnet *in vivo*. Although the cost of anchor magnets is high, they can be used as non-disposable equipment.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The study is well designed, conducted and exhibited.

Answer: Thank you for your review comments, and we hope this article can be published as soon as possible.

Reviewer #3:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: The described magnets are permanent and therefore, even the external one, is not adjustable in intensity except by moving it away from the patient's surface. This would make it very complicated to maintain a constant traction of the mucosa, which would vary even with the patient's breathing movements. The operator would undoubtedly experience fatigue from keeping the external magnet at a constant distance throughout the procedure. The outcomes appear to have only marginal significance; the only two significant ones are the reduction in procedure time (but only by approximately 3 minutes - about 10%) and the endoscopist's satisfaction. The number of procedures is very low, with ($n^{\wedge} 6$) Another unclear aspect is how the internal magnet is inserted into the stomach.

Answer: Thank you very much for your careful review. I fully agree with your question. Please allow me to make the following statement. First, this experiment is a preliminary exploratory experiment of magnetic traction-assisted ESD, which is still in the initial stage, and thus, the magnetic traction device needs to be optimized and upgraded. For example, in the future, we may use electromagnets to replace anchor magnets to allow for the adjustment of the anchor magnet force. The external magnet can also be fixed by a support frame, which can effectively reduce the workload of the assistant and alleviate fatigue. Second, the new technology requires repeated training to become more skilled at practicing it, and thus, the operating time can be further reduced when the operator is skilled. Third, we believe that operator satisfaction is an important evaluation indicator, and it is also the most direct indicator of whether the reverse technology has advantages. Fourth, although the experimental sample size is small, we believe that this can establish the usability prospects of the technology. Fifth, the target magnet is sent into the stomach through the gastroscopic biopsy hole, and the clamp is placed on the edge of the diseased mucosa, which is described in the part of the "Magnetic anchor device". Taken together, I hope our responses are satisfactory and that this article has a chance to be published in WJGE.