Answer to the Reviewers

This a really good job and a review that i enjoyed a lot. Easy to follow and understand even for the one that are not experts. Here comes some comments useful to take into account. 1. The issue about the use of endoscopical resections in T1b is still open. The use of references and details about this inconclusive issue is obligatory. Maybe a picture could help to understand which method is the recommended in different stages. The author should describe which version of TNM is used to stratify these early stages. 2. The comment about the one situation where ESD has had positive results compared with EMR should reformed as long as in the previous paragraph the author analyses what are the advantages of ESD compared with EMR. Genrally ESD is in the everyday praxis superior method. 3. The author should adjust the suitable references where they describe the overall guidelines recommendation for EMR. 4. Same about the guidelines of RFA use. 5. Any comments about the possible complications after the endoscopic methods should made the review more complete. 6. The comment about the preferable endoscopic technique in authors institute is a negative pleonasm. 7. I miss a paragraphe about the endosponge(negative pressure endoscopic treatment) for esofageal leak, he most preferable technique worldwide. Generally a review that miss this technique is not a full review. 8. The author should think to make any comments about the endoscopic help in palliative PEG placement. 9. The author should think to adjust a discussion or more detailed conclusion part.

We thank the reviewer for their comments. We have added a comment on the controversy regarding T1b lesions and endoscopic resection. "Currently, T1a lesions are recommended for endoscopic resection, whereas T1b lesions are still controversial, and require a multidisciplinary surgical oncology approach prior to attempted resection". We also added a comment in regards to endosponge and PEG placement. "Another novel technique is the use of endoluminal vacuum therapy, where a sponge-like material is placed in the defect and constant negative pressure is applied in order to induce healing."

The present review focuses to the examination of the multiple roles of endoscopy in the management of patients with esophageal cancer. The work is very interesting, since it gives substantial information on the subject and covers all aspects. The manuscript is well-written in both scientific and educational manner. The authors should add the title in references' section and thereafter the manuscript can be accepted for publication.

We thank the reviewer for their comments.

The authors have made an excellent and concise review to explicit the role of endoscopy on the treatment of esophageal cancer. There is only one minor concern on your manuscript that the endoscopic pictures you presented are not good enough. It would be better if you could show more clear pictures, even courtesy from other colleges or published papers.

We thank the reviewer for their comments. Unfortunately, due to the photo-capture software used at our institution, the quality of our images cannot be changed.

The manuscript entitled "Endoscopic Management of Esophageal Cancer", by Osman Ahmed et al from MD Anderson Cancer Center in Houston, is a review article decribing the multiple roles of endoscopy in teh management of patients with esophageal cancer. It is a well written ancd comprehensive review, not redundant and well focused on practical informations. I think it can be published as is.

We thank the reviewer for their comments.

This is a nice review encompassing 1) diagnosis and staging of esophageal carcinoma and 2) endoscopic methods of resection in early stage esophageal carcinoma. The paper is written in clear English covers all aspects of this disease. I especially like the critical treatment of modalities like radiofrequency ablation vs endomucosal resection and each modalities overall survival as documented in clinical trials. Same applies to the chapter on EUS, and that clinical staging should not be done by EUS, however LN sampling by EUS is of great clinical value. I think that many of the figures do not add anything the well written text. I would remove figures 4,5, 6 and 7. A figure to be added would be a schematic presentation of all modalities for treatment and at which stage of disease they should be used. Minor issue, figure 5 is cited twice in the text, the second citation should be figure 6.

We thank the reviewer for their comments. The issue of incorrect figures has been corrected. Although, the figures included are not meant to be a thorough tutorial or representation of the various techniques, we believe they provide the reader a semblance of the technique were are describing.

The authors wrote a nice review summarising the role of endoscopy in the management of patients diagnosed with esophageal cancer at different stages of the disease. The piece of wrk is practical and relevant. However, I think it can be significantly improved and I hope the comments below will help achieve that: Major comments: 1- Throughout various sections, there needs to be a clear distinction and better separation between adeno and squamous subtypes with regards to epidemiology, diagnosis, assessment, and therapy options. 2- All statements summarising data and figures must be adequately referenced. For example, cancer survival and epidemiology figures in the introduction. 3- In the introduction, the authors state “localized disease have a 5-year survival rate of 45.2%, “ What do the authors mean by “localised”? Please use appropriate staging terms. Also, survival for T1a cancers can be up to 95% is some studies. Please correct. 4- Remove the term “localised” disease. Do you mean “mucosal”? “submucosal”? 5- The authors state that the most commonly used dye is methylene blue. This is not correct and in fact that most commonly used dyes are acetic acid for Barrett’s and Lugol’s for squamous. Please amend. Methylene blue has no role in the modern current management protocols. Minor comments: 1- Please add reference to the JAMA paper on RFA for LGD published by the AMC group. 2- Please add reference and data from the BRIDE study recently published in GIE by DeCaestecker (senior author) on APC vs RFA for Barrett’s. Showed equal efficacy for short segment Barrett’s.

We thank the reviewer for their comments. We have made attempts to distinguish adenocarcinoma and squamous cell carcinoma in the body of the manuscript. We have also added a statement to define “localized disease” as per the American Cancer Society definitions, in order to give a brief overview of prognosis related to esophageal cancer. In regards to commonly used dyes, we have added the use of Lugol’s solution and acetic acid for squamous cell carcinoma. Both recent high impact papers mentioned were added to the references as appropriate.