Dear Editor and reviewers, thanks for considering and reviewing our manuscript, and thanks for your valuable comments.

This is a point to point response to your comments; we are hoping that it will satisfy your valuable queries and comments, thanks.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The case series described by hidden Local recurrence of colorectal adenocarcinoma diagnosed by EUS-FNA. Although important, the novelty is low. To preform EUS for submucosal tumor is the standard procedure.

1. What types of ultrasonic endoscope did you use? Inserting the ultrasonic endoscope is difficult especially for the right hemicolon.

Answer: thanks for your comment. We are using oblique view linear Pentax Echoendoscope type EG-3870UTK connected to Hitachi Avius machine. We added the type of the Echoendoscope in the manuscript.

All cases had ano-rectal lesions, maximum 15-20 cm from the anal verge, so easy to be scanned by the side view scope. No right hemicolon masse were included as it is very difficult to be approached by the side view scope.

2. What is the initial EUS imaging diagnoses for the 5 patients? If malignancy was suspected, combined with CT/MRI/PET-CT imagings, derict surgical resection can be performed. So why you perform EUS-FNA, if the serosal layer was broken, the risk of tumor seeding will increase.

Answer: thanks for your comment. All patients had MRI examination before EUS. Two cases had marked wall thickening at the anastomotic line, so their

attending surgeons asked for EUS and FNA to differentiate malignant from dysmoplastic reaction, and other patients had a mass and the attending physicians asked for histopathological diagnosis for possible neoadjuvant chemotherapy before surgery.

3. The figures failed to clearly show the layers of digestive tract. The identification of each layer would be better.

Other more clear pictures were added instead of the previous non clear ones (Figure 2 and Figure 3). It demonstrates the invaded mascularis propria layer by the mass while this layer is clearly intact adjacent to the malignant mass. Text was added to the new figures pointing to the normal and invaded muscularis propria.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This article has presented five case reports with submucosal recurrence after CRC resection during surveillance. It has provided a useful clinical note for some cases with difficult diagnosis due to irregular recurrence. Because of rare proportion, LCRCs with submucosal recurrence were often difficult to diagnose and manage. With EUS-FNA and/or EUS-FNB, LCRCs with submucosal recurrence can be diagnosed accurately, so that, avoid late applications of treatment strategies.

Thanks for your comments. EUS sampling could differentiate between inflammatory and malignant recurrence, so our patients were directed towards neoadjuvant chemotherapy and surgery

2 Editorial Office's comments

1) Science Editor: The five case series described by hidden Local recurrence of colorectal adenocarcinoma diagnosed by EUS-FNA. Although important, the novelty is low. Further, some issues have to be addressed:

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4. Can the author give the indications of EUS in CRC surveillance more clearly? Because the regularity.

Answer: thanks for your comment. The indications of EUS in CRC surveillance include all of the following:

- It has a role as a method for the evaluation of precancerous polyps and subepithelial lesions found during screening of CRC. However it has a great role of follow up after resection of rectal carcinoma for early detection and tissue confirmation of locally recurrent cancer colon, also it allows the collection of specimens for histological and immuno- histochemical analysis, and overcoming some of the inherent user bias.

- it also has a great role in post-treatment surveillance for resected colon and rectal cancer as recommended in NCCN guidelines that stated that flexible sigmoidoscopy with EUS or MRI should be done every 3 to 6 months for 2 years, then every 6 months to complete 5 years for patients with rectal cancer undergoing transanal excision only. *National Comprehensive Cancer Network. Available at: www.nccn.org.*

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Language Quality: Grade B (Minor language polishing)
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Reviewer #1: I had no more comment. The case report was suitable for publishing in this journal.

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