

reviewer1

- Major: After ESD, follow-up endoscopy is routinely performed to confirm whether any complications such as bleeding or perforation are occurred or not. However, implantation of cancer cells of other lesions into the ESD ulcer is extremely rare. In the discussion paragraph, authors describe several possibilities which could be related to the implantation of esophageal cancers into ESD ulcer. Among these factors, EVL and APC procedures after ESD were unusual compared with regular cases. Are these frequent endoscopic approaches for esophagus most likely associated with implantation of esophageal cancers? How about the relationship of flexible overtube used for EVL procedures and the exfoliation of esophageal cancer cells? Authors should give much more information in this point and make precise discussion in greater detail.

-- Since this case required EVL and APC procedures after ESD that would be unusual in regular cases, these frequent endoscopic approaches to the esophagus may have been associated with implantation of esophageal cancer. In fact, the EVL procedures were carried out twice, followed by one APC procedure after ESD. Although the tip of the inserted flexible over tube used for the EVL procedure was far from the esophageal cancer, because it was shorter than the length from his mouth to the esophageal cancer, these frequent approaches might have caused the cancer cells to exfoliate to a certain degree. However, at the time of the procedures, the post-dissection ulcer bed was completely covered by a white coat, and freshly cut tissue was not exposed. It was assumed that implantation was not able to occur in such a situation even if many cancer cells were exfoliated.

reviewer2

- 1. The authors followed up this patients up to 1 year, and they confirmed no other lesions suggesting intramural metastasis in the stomach. No distant metastasis was confirmed by CT scan or PET scan through the clinical course?

-- Nine months after ESD, some swollen lymph nodes which were thought to be metastases were observed around esophagus on CT, but no hematogenous metastases such as lung or liver metastases were detected.

2. The authors denied the possibility of primary gastric squamous cell cancer because this histological type was just rare. Did the authors have any other reasonable consideration?

-- The possibility that primary gastric squamous cell carcinoma, which is quite a rare histological type, arose immediately under the post ESD scar was thought to be extremely low. Furthermore, the histological examination revealed that the tissue taken from the gastric lesion resembled that from the esophageal cancer.

3. Endoscopic examination and treatment (EVL and ESD) were carried out for this patients before detecting gastric SCC tumour. How many times of endoscopy were carried out from the date of ESD to ulcer healing? Was frequent endoscopy associated with implantation of EC?

-- Same as the first answer above.