

Reviewer 1 (1446071):

All of your suggestion were added in the text. Thank you.

Reviewer 2 (00004485):

1. The manuscript was corrected by a native English speaker.
2. All the patients in the period between December 2012 and January 2015 from eight high-volume tertiary referral endoscopy units with iatrogenic perforations included in this series.
3. We discussed in the "Discussion" section the inappropriateness to utilize the OTS clip (proximal cervical esophagus, delayed diagnosis by days or weeks, individuals in whom there is significant peritoneal contamination, long serosal tears of the colon, and perforations with endoscopic sphincterotomy where placement may result in sealing off the pancreatobiliary orifices)
4. We added a figure including OTSC and the twin grasper and of a case of duodenal perforation.
5. We described the two different types of OTSC (traumatic and atraumatic), in "materials and methods" section as you requested.

Reviewer 3 (02823396):

1. No long-term adverse events after OTSC placement were observed during 3-months follow-up (it was added in the results).
2. OTSC were not retrieved (it was added in the results).
3. The type of OTSC (size and traumatic or not) were decided by the operator on the basis of the diameter and type of perforation

Reviewer 4 (00057695):

1. The first failed case who had pancreatic head lesion underwent duodenocephalo-pancreatectomy. It was added in the text.
2. The length of follow-up was of 3-months. It was added in the text.
3. We changed the word "Ovular" to "Oval".
4. Under Discussion, 2nd paragraph, we wrote "full-thickness".
5. Discussion, 4th paragraph: we changed the word "purchase" with "grasp" and after "catch".
6. Illustrative figures were added, as you requested.

Reviewer 5 (02734005):

I'm pleased of your comment.

Reviewer 6 (00502803):

1. Why the authors have used the suction method sometimes and why clips in the others? *We used suction plus twin-grasper in type-1 and only suction in type-2 and not suction or clip.*
2. Was it decided on the spot by visualizing the perforation? *Yes*
3. What is the basis for classifying the shape of the perforations? *Is the shape itself. Because we observed that the oval-shape were closed only by suction and the round-shape with twin-grasper plus suction*
4. What is their clinical relevance? *The relevance of this classification is to allow to the endoscopists to have the knowledge, on the bases of the shape of perforation, how to close the defect.*