

Response to Referees

Reviewer 1

First of all this is a good study and thank you for your effort. Hemorrhoidal improvement in your study is result of the ESD. Because almost all hemorrhoids were grade 1 and it could be considered secondary gain of ESD. My critics and review attached for you.

→Reviewer's comments were not attached

Reviewer 2

1. In the methods section, it is unclear that this is a retrospective study. There are statements that imply this was a prospective study. Please clarify

→We added the comments about study design in the *Method section* as follows.

This is a retrospective study,

2. Grammar edit: Although one patient with Goligher classification type 2 had symptom among these patients, the symptom could be disappeared completely after ESD.

→We edited the sentence in the *Methods section* as follows.

One patient with Goligher classification type 2 had complained anus pain from hemorrhoids, but the symptom completely disappeared after ESD.

3. Please clarify the intention of this statement. It is unclear what the authors are trying to convey. "Esophageal varices have a steady blood flow from the anal to the oral side. Therefore, if EVL or EIS is carried out on the anal side, but away from the tumor, the

varix vessel would shrink and the fibrosis after EVL or EIS would not affect the endoscopic tumor resection”

→We edited the sentence in the *Discussion section* as follows.

Superficial esophageal neoplasms can be removed endoscopically even if they are located on varices. As varices have a steady blood flow from the anal to the oral side, EVL or EIS can be carried out on the anal side away enough from the tumor, so that the secondary shrinkage and fibrosis do not affect the endoscopic tumor resection. However, since the hemorrhoidal plexus is controlled by the superior rectal artery, middle rectal artery and inferior rectal artery, the blood supply is more complicated than for esophageal varices.

Reviewer3

Authors present a study concerning the safety and feasibility of endoscopic submucosal dissection of ultralow rectal lesions. this retrospective analysis compares patients with hemorrhoids versus non-hemorrhoid patients. Discussion has to focus more on the alternative procedure of transanal resection, which is a widely accepted means of resection for very low rectal lesions.

→We added the comments in the *Discussion section* as follows.

Moreover, Myung et al. reported overall direct medical costs were significantly lower for ESD than for TAR in the treatment of rectal tumors