

Dear Editor,

thank you for the very fast review process concerning our manuscript „New flexible endoscopic controlled stapler technique for the treatment of Zenker's diverticulum: a case series“.

We are honored that the reviewers find our manuscript “very good” resp. “good” and that you are willing to publish our manuscript soon.

On the other hand, the valuable suggestions of the three reviewers help us to improve our manuscript. Attached you can find our revised manuscript with all modifications marked in yellow. Consecutively we give a point by point response of the addressed issues by the reviewers:

Reviewer 1:

- “Add an anatomical picture where the anatomy of the diverticulum is described”.
In our opinion, such an anatomical picture is needless, because the professional readership of the *WJG* is highly educated in Gastroenterology and therefore needs no additional anatomical support. But if you as the Editor of *WJG* recommend an anatomical picture we will provide such an image.
- “Operative time needed for the procedure”. In “technical results”, the discussion section and in table 2 we give the information about the operative time.
- “Role of X ray or barium study for the evaluation of the thickness of the diverticulum”.
In our opinion there is no reasonable preoperative image modality as suggested by the reviewer which allows a differentiation of the thickness of the diverticulum. The evaluation of the thickness of the septum and if the stapler can be released is measured endoscopically during the diverticulotomy. On the other hand and as already described in the discussion section of our manuscript we are convinced that a further modification of the stapler should allow also a therapy of a thicker septum (...In future these limitations will have to be overcome by a new curved stapler design with improved cramps enabling the dissection in patients also with insufficient neck retraction and/or thick septums in ZD...)
- “Comparison of bleeding rates with other techniques”. We now added an appropriate comparison in the discussion section.
- “The symptoms index is reported as resolution and improved symptoms. An objective dysphagia score should be included”.
Thank you for this helpful comment. Unfortunately we did not raise a dysphagia score from the majority of patients from the beginning of our study. Therefore we cannot achieve this suggestion. But since we are planning to treat more patients with the new stapler technique, we will include a dysphagia score prospectively.
- “Reasons for hospitalization of 2 days”. The reason for the 2 day hospitalization of the patients is caused by the German reimbursement system only and should – to our opinion – not be a matter of discussion in such a scientific paper.
- “Cost analysis of the stapling device”. We now added a corresponding sentence in the discussion section.

Reviewer 2:

- “Symptom index resp. dysphagia score”. Please see Reviewer 1.
- “Coronal CT image”.
In daily routine a CT scan is necessary neither in planning nor in the performance of an endoscopic therapy of a Zenker diverticulum. Therefore we do not want to follow the

reviewers advice. If the reviewers advice address for a better understanding of the anatomic situation of a Zenker diverticulum in general we refer to reviewer 1.

- "Please describe alternative methods such as laser, needle knives, ...).

As well as in the introduction section and in the discussion sections we already describe and discuss in detail alternative methods such as e.g. operative techniques, endoscopic needle knife and laser techniques.

Reviewer 3:

- "The rate of unsuccessful procedures is quite high and data of patients underwent unsuccessful procedure should be presented and in particular: total duration of procedure, rate of complications and length of hospital stay".

We now added the requested lacking data in "technical results".

- "The high rate of failure also suggests that a better selection of patients might be useful, I suggest discuss this point and role of imaging in evaluation of the thickness of the diverticulum".

Please see Review 1 and the discussion section ("In future these limitations will have to be overcome by a new curved stapler design with improved cramps enabling the dissection in patients also with insufficient neck retraction and/or thick septums in ZD").

- "Please consider present in Table 1 separately the data for successful and unsuccessful procedure".

The requested lacking data was added to Table 2.

We hope that the actual modifications of the manuscript as well as our conclusive answers to the reviewers are leading to an ongoing publishing process. However, if you have additional questions or in case you think that our manuscript requires further revisions please contact us again.

Yours sincerely

J. Wilmsen