

Reviewer 02441729:

Thank you for your comments.

Reviewer 00008633:

Thank you for your comments.

Comment 1:

As stated in the discussion, a difference between Brueckner's series and ours is the extent of the myotomy, which is interrupted "5 to 10mm above the bottom of the diverticulum, regardless of complete cut of muscle fibers and diverticulum size". Post-treatment size $\geq 10\text{mm}$ has been identified as an independent factor for recurrence (Costamagna G et al, *Gastrointest Endosc*, 2015). Moreover, diverticula were larger (42mm, vs 30 mm in our series). These 2 factors might be an explanation for such a high recurrence rate in Brueckner's series, whereas we think that the hook knife is interesting to control exactly where to stop the dissection in this setting, when the section of muscle fibers is complete. Therefore, a paragraph has been added in the discussion section: "*Indeed, post-treatment size $\geq 10\text{ mm}$ is suspected to be a risk factor for recurrence at 48 months^[8]. Moreover, diverticula were larger (median size 42 mm) than in our series. Although diverticulum size was not significantly associated with recurrence rate, pre-treatment size $\geq 50\text{ mm}$ may be an independent factor for clinical failure at 6 months^[8], and this could also explain such a high recurrence rate*". Thus, despite our smaller sample size, we believe Brueckner's series and ours are complementary to assess the usefulness of the Hook knife.

Comment 2:

Thanks to your comment, the article by Battaglia G *et al*, has been inserted and discussed. Interestingly, this article describes the use of the SB knife, a scissor-shaped tool for soft endoscopic treatment of Zenker's diverticulum, in 31 patients. This tool provides a full-thickness septum section in one step. The extent of the cut in depth is not clearly defined. Only one late bleeding episode was reported, no perforation occurred even if no clips were placed, and the initial success rate was 83.9% at month 2. The median follow-up period was 7 months (range 2-18). 2 patients reported relapse of symptoms at month 4 and month 9. We believe the hook shape is more accurate than the scissor shape to precisely dissect first the muscle fibers until they are completely cut, then anterior and posterior walls, allowing to extend the dissection deep enough to improve symptoms and decrease recurrence rate, but limiting perforation risk. As half of patient's follow-up duration was less than 7 months in this study, recurrence rate might be underestimated. The SB knife is an interesting tool, and myotomy is probably faster to perform with it (median 14min) than with the Hook knife, even if we did not investigate procedure time in our study. The following section was added in the discussion: *"The SB-knife® (Sumimoto Bakelite Ltd, Tokyo, Japan), an endoscopic scissor, seems to be safe, fast and effective^[13]. Myotomy with the SB-knife consists in cutting the full thickness of the septum without individualization of muscle fibers, anterior and posterior walls of the diverticulum. It remains unclear where dissection should be stopped in this setting [...] Endoscopic myotomy with the SB-knife® resulted in a 87.1% overall success rate, a 6.5% recurrence rate, and a 3.2% complication rate, with a limited median follow-up of 7 months^[13]"*

Reviewer 01467363:

We read your comments with great interest.

To allow comparison with other devices, discussion has been expanded with results from previous published studies, investigating Zimmon needle, needle knife, submucosal dissection knives and scissors. The following section was added: *“With the Zimmon needle, overall success, recurrence and complication rates were respectively 84%, 23.1% and 2.2%^[4]. With a needle knife, overall success rates ranged from 69%^[8] to 84%^[17] at 6 months, recurrence rates from 15%^[8] to 30%^[17], and adverse event rates from 3%^[8] to 23%^[17]. Laquière et al^[5] described the use of the Dual-knife® (Olympus endotherapy, Tokyo, Japan) and the HybridKnife® (Erbe elektromedizin GmbH, Tuebingen, Germany), with an overall success rate, recurrence rate and complication rate of respectively 91.7%, 14% and 7.1%. Endoscopic myotomy with the SB-knife® resulted in a 87.1% overall success rate, a 6.5% recurrence rate, and a 3.2% complication rate, with a limited median follow-up of 7 months^[13]”. However, comparison remains difficult because definition of clinical success is not consensual, as stated in the “discussion” section.*

The sentence *“We believe the Hook knife is the most appropriate tool for this purpose”* was replaced with: *“The Hook knife provides advantages for this purpose, as its design allows...”*.

We agree that the number of patients included is small, and that our results are consistent with previous series describing the use of different tools, therefore conclusion was nuanced: *“The Hook knife is a reliable tool for flexible endoscopic soft diverticuloscope-assisted myotomy in patients with symptomatic Zenker’s diverticula. It is*

safe and efficient and could therefore be considered a device of choice in this indication. Larger comparative studies, with extended follow-up, are needed to determine which tool is the best”.

We do not have conflict of interest, and we sincerely think that the design of the Hook knife makes it one of the best device in Zenker’s diverticulum treatment.

Reviewer 00068559:

Thank you for your comments