

Answer to Reviewer

Thank you for your important comments, which were extremely helpful for improving the quality of our manuscript.

Reviewer 01557574

*This manuscript titled “Feasibility of mucosa-submucosa clip closure method after gastric endoscopic submucosal dissection” should be published at WJGE. There is new information and it is well documented. Sincerely yours.*

Thank you very much.

Reviewer 01799104

*The study is interesting and informative although the case number is small. Though the mucosal-submucosal clip closing method is not completely applicable to close the gastric ESD, but I still think it may help in certain cases with easy approach and small wound size as you mentioned in your conclusion for those not with high closure difficulty index. May be further larger series may answer this question.*

As you pointed out, the small number of patients was a limiting factor, and larger prospective study is required. This point was added into limitation of discussion section.

*There is a discrepant result of successful cases between text (14/21) and table (15/22).*

As you pointed out, there is a discrepant result of successful cases between text and table. Table numbers (15/22) are correct, and the text was corrected. Thank you very much.

Reviewer 00073423

*Interesting data, representing routine clinical practice. Authors also present the suggestion to develop „closure difficulty index“, which of course should be further validated. However, the scientific value is low: - Retrospective design (possibly related with bias) - No comparative arm –*

As you pointed out, the limitations of this study include its retrospective design. The study was also single armed and took no steps to compare the superiority of the mucosa-submucosa clip closure method with other methods. Furthermore, the small

number of patients was also a limiting factor. These issues should be re-evaluated in larger prospective studies in the future. These sentences were added into the limitation of discussion section.

*It is difficult to understand on what statistical methods the conclusions was made, that „...the method was unreliable....“*

There are several useful methods for closure of large mucosal defect, such as the endoscopic purse-string suture (Surg Endosc. 2014;28,6), “loop clip” (Surg Endosc. 2016;30,10), slip knot clip suturing method (Gastrointest Endosc. 2017;85,2), and string clip suturing method (Gastrointest Endosc. 2018;87,4). The success rates of these methods were reported to be 100% (30/30), 100% (13/13), 90% (9/10), and 100% (10/10), respectively. Therefore, we considered the success rate of the reliable method to be over 90%.

In our study, the success rate of the endoscopic mucosa-submucosa clip closure method was 68.2% (15/22) after gastric ESD. Furthermore, in cases with a high closure difficulty index ( $\geq 99$ ), the success rate of this closure method was 0% (0/4). In cases with a low closure difficulty index ( $<99$ ), the success rate of this closure method was 83.3% (15/18). Therefore, we concluded that the endoscopic mucosa-submucosa clip closure method was unreliable after gastric ESD, especially in cases with a high closure difficulty index. According to your comment, these sentences and Table 2 were added into the revised manuscript.

*- There are no data on further clinical outcome of groups with „complete closure“ and „Failure“*

Among the 15 patients in the complete closure group, no patient developed delayed perforations and delayed bleeding. Among the 7 patients in the failure group, no patient developed delayed perforations and 1 patient developed delayed bleeding. The average length of the hospital stay in the complete closure group and failure group was  $7.36 \pm 0.93$  and  $7.86 \pm 2.27$ , respectively (Table 1). There were no significant differences between two groups in delayed perforation, delayed bleeding, and the length of the hospital stay. According to your comment, these sentences were added into the result section of the revised manuscript.

Reviewer 02444931

N/A

Thank you very much. The manuscript was revised according to other reviewer's comments.