Review 1:This study shows the comparison of the results between some endoscopic techniques for the treatment of muscolaris propria small tumors. The technical characteristics and details of each procedure are well described and also the results. In the Discussion the most important technical features of the procedures are developed. In my opinion should be useful to add more data on the preoperative diagnosis about the signs, symptoms, endoscopic and imaging characteristics. In summary the manuscript needs minor modifications.

Thank you for the opinion for the manuscript. We added some data on the preoperative diagnosis about the signs, symptoms, endoscopic and imaging characteristics in the main text.

Review 2: thank you for giving me the opportunity to review the manuscript: "Endoscopic full-thickness resection for treating small tumors originating from the muscularis propria in the gastric fundus: An improvement in technique over 15 years". I have following some comments.

#1 The authors should explain the initial endoscopic band ligation method because initial methods did not include tumor resection. I feel this make the readers confused.

The tumor was first aspirated with a transparent cap and then ligated with the band. This was added to the manuscript.

#2 The authors described the initial ligation method had the relatively the high risk of post-ligation perforation of the gastric fundus1-3. However, Ref1 and 2 (Surg Endosc 2007;21:574-8. Gastrointest Endosc 2004;60:218-22.) said that no perforation occurred. So the authors had better cite only Ref 3.

The references have been changed.

#3 The authors should explain the importance of endoscopic resection for small MP tumors. In this study, the authors intend to include patients with tumors located in the gastric fornix of the fundus. I was wondering there was no indication for endoscopic full-thickness resection for MP tumors in other parts of the stomach.

Gist less than 2cm can also be pathologically diagnosed with mild or high risk for malignancy, so the resection is needed.

Resection of GIST in the other part of the stomach may not encountered gastric whole layer defect if the tumor less than 2cm.

#4 Although there is a variety of discussion because MP tumors include no malignancy tumor or non-neoplasm like this study result, I think the pathological evaluation including cut-end negativeness, in particular, in case of GIST, is very important. The authors should clarify the definition of en-bloc resection and show pathological cut end results including pathological pictures.

All the resected lesions were cut-end negativeness and 100% en-block resection rate with those three methods.

#5 Finally, the authors should discuss to compare those 3 methods including pathological evaluation.

All the three method has got the 100% en-block resection.

#6 It seems there are no units in Table 2.

The units are added.