

Response to reviewer

Reviewer #1: Dr. Koutsoumpas and colleagues have conducted a retrospective analyses of 253 OGD reports. Their major finding is that only 8 of the 51 endoscopists (15.7%) regularly attempted tunnel biopsies for sub-epithelial tumors and tunnel biopsies taken in 112/229(48.9%) patients were to provide histological diagnosis(53.6%). Also, there were no reported immediated or delayed complications.

My major point is that most small sub-epithelial tumors in OGD are benign, so it is not necessary to biopsy all SET in clinical practice. However, If the SET is larger than 2 cm in size or suspected of malignancy including GIST, tunnel biopsy might help to get the tissue diagnosis. It would be good to comment on in which cases tunnel biopsy might be helpful in your manuscript. Thank you.

We agree with the reviewer that most small sub-epithelial tumours encountered in OGD are benign. However, the small diagnostic uncertainty remains whether they might harbour a small GIST or NET or very rarely a metastasis. Therefore, the ESGE guidelines recommends against EUS sampling in lesions < 2 cm but ESGE and also the American guidance recommends endoscopic follow-up for such small lesions. We have outlined this in the Discussion.

Therefore, based on our findings, we would recommend to attempt tunnel biopsies at index endoscopy for all subepithelial tumours.