

Dear Editors,

Thank you for considering our manuscript entitled "CLOSURE TECHNIQUES IN EXPOSED ENDOSCOPIC FULL-THICKNESS RESECTION: OVERVIEW AND FUTURE PERSPECTIVES IN THE ENDOSCOPIC SUTURING ERA." (Manuscript NO: 63934).

Our point-by-point response to the issues raised in the peer review report is given below.

We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Gastrointestinal Surgery.

Best regards,

Alberto Martino

To Reviewer#1:

Language Quality: Grade B (Minor language polishing)

The paper has been carefully reviewed and edited for English language/grammar.

Specific Comments to Authors:

i) it is stated that the OTSC clip is difficult to remove; this is no longer true with the remove system (using DC current to melt the branches of the clip - this possibility should be mentioned.

Many thanks for your comment. We modified the text accordingly with your suggestions, mentioning this possibility. The following discussion has been added in the manuscript: "Of note, in cases of OTSC-related complications occurrence or need for re-therapy after incomplete EFTR, safe and effective OTSC removal mainly by means of a dedicated bipolar direct current grasping device (remOVE system, Ovesco, Tuebingen, Germany) has been reported [31]". The following sentence has been removed: "OTSC is very difficult to remove in case of suboptimal placement".

ii) moreover for smaller SETs endoscopic non exposure techniques are available that establish a duplication of the wall allowing to perform full thickness resection w/o exposure (e.g. the FTRD system from Ovesco).

Many thanks for your comment. Accordingly with your suggestions, we added in the conclusion section the description of the non-exposed EFTR technique, mainly performed by the use of the FTRD system. The following discussion has been added in the manuscript: "Conversely, in the non-exposed EFTR procedure the resection of the lesion is performed after the plication of the GI tract wall with the use of dedicated full-thickness suturing devices, principally represented by the full-thickness resection device (FTRD; Ovesco Endoscopy, Tuebingen, Germany), consisting of an OTSC preloaded into a cap with an integrated snare. The advantages of this "close then cut" technique consist mainly in the potential avoidance of both intra-peritoneal dissemination of tumor cells and spillage of gastrointestinal luminal content into the peritoneum. In addition, this approach has greater technical simplicity, with faster operating time. However, compared with exposed EFTR, the FTRD is limited by a lower RO resection rate, likely due to the impossibility of a "real-time" and direct visualization of the perimetral cutting margins. Also, the clip cannot be reverted once released, and is limited for small-size lesions (<25 mm) [5, 47]".

iii) illustrations / images of the different closure techniques would greatly add to the manuscript.

Many thanks for your suggestion. We uploaded a figure illustrating the main steps of the exposed EFTR technique with defect closure by the use of the OverStitch Endoscopic Suturing System.

To Science editor:

1 Scientific quality:

(2) Summary of the Peer-Review Report: Well written overview, paper could become more readable if figures were added. The questions raised by the reviewers should be answered;

Done.

5 Issues raised:

(1) Authors need to provide the language editing certificate;

We have uploaded the language editing certificate as you required.

(2) The "Author Contributions" section is missing. Please provide the author contributions.

Done.

To Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Many thanks for considering our manuscript.