

We would first like to thank the reviewers and editors for considering and donating time and effort to our manuscript entitled "EXPOSED ENDOSCOPIC FULL-THICKNESS RESECTION FOR DUODENAL SUBMUCOSAL TUMORS: CURRENT STATUS AND FUTURE PERSPECTIVES." (Manuscript NO: 66074).

Our point-by-point responses to each of the issues raised in the peer-review report are presented below.

English language of the revised manuscript has been polished and a new language editing certificate has been provided.

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 Endoscopy.

We look forward to hearing from you at your earliest convenience.

Best regards,

Alberto Martino, MD

Gastroenterology and Digestive Endoscopy

AORN A. Cardarelli, Napoli, Italy

To Reviewer #1:

1. My major comment is that there are only few reports of exposed duodenal EFTR. The results seem promising in experienced hands, but should be interpreted with caution given the low number of patients treated with these methods (this is addressed by the authors in the manuscript). Thus, given that exposed duodenal EFTR is an investigational treatment indicated for only a subtype of duodenal SMTs (small submucosal GISTs/NETs may be treated with exposure with modified-EMR techniques or even ESD with perforation), the authors should discuss: a) The lesions that can be indicated for exposed FTR b) The outcomes of competing techniques (EMR, ESD, FTR with FTR-devices clip before cut) that can be used in the majority of duodenal SMTs.

Response: We are very thankful for your comment. Potential indications of the exposed EFTR technique and the outcomes of competing techniques (especially non-exposed EFTR) focusing on their role in the management of MP-arising D-SMTs are discussed in the Conclusion section. Proper references have been added (reference n. 28-32).

2. Introduction, 1st line: "the incidence of D-SMTs have been progressively increased during the last decade, due to the development of gastrointestinal endoscopy and, in particular, of endoscopic ultrasonography (EUS) been progressively increased" should be substituted by "the diagnosis of D-SMTs have increased due to the widespread use of gastrointestinal endoscopy", since the true incidence is not increased by the use of endoscopy (although the diagnosis is). EUS has a role in characterization but a limited role in the diagnosis.

Response: We are very thankful for your comment. The sentence has been modified accordingly as follows: “Though relatively infrequent, the diagnosis of duodenal submucosal tumors (D-SMTs) has increased due to the widespread use of gastrointestinal endoscopy.”

3. Introduction, 3rd line: “D-SMTs originating from the muscularis propria” should be substituted by “D-SMTs originating from the submucosa and from the muscularis propria”.

Response: We are very thankful for your comment. Done.

4. Introduction, 9th line: “Furthermore, resection of NETs ≥ 10 mm diameter is recommended”. Please revise, since in the duodenum resection of NETs is recommended independently of the size (contrarily to the stomach).

Response: We are very thankful for your comment. The sentence has been modified accordingly as follows: “Furthermore, resection of gastric NETs ≥ 10 mm in diameter is recommended, while all duodenal NETs should be excised, regardless of their size.”

5. Introduction, 17th line: “To date, the use of ESD has been widely reported with good outcomes for the treatment of duodenal lesions”. Please revise, since ESD in the duodenum is not recommended (see ESGE ESD guidelines) except in very expert centers since the perforation rate is 10-30%.

Response: We are very thankful for your comment. The sentence has been revised accordingly as follows: “Safe and effective removal of small D-SMT without involvement of the MP by means of endoscopic mucosal resection (EMR) has been reported [4]. Furthermore, though ESD within the duodenum is not routinely recommended due to high risk of perforation, its adoption for the treatment of duodenal lesions has been reported, with good outcomes across referral centers [12-14].” In accordance with your suggestion, proper citations have been added (see reference n. 12 and n. 13).

6. Table 1 lacks the first line with the “titles” of the columns. Please revise.

Response: The titles of the columns have been added.

To Editorial Office:

1. Self-cited references: There are 2 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated.

Response: 2 self-cited references across a total of 30 cited references (self-referencing rate: 6.7%) were included in our review. To our knowledge, the first self-cited reference (**Granata A** et al. Efficacy and safety of gastric exposed endoscopic full-thickness resection without laparoscopic assistance: a systematic review. *Endosc Int Open* 2020) is to date the only available systematic review with regard to gastric exposed EFTR. The second self-cited reference (**Granata A** et al. Gastrointestinal exposed endoscopic full-thickness resection in the era of endoscopic suturing: a retrospective single-center case series. *Wideochir Inne Tech Maloinwazyjne* 2021) was one of the few available studies included in our narrative review. To the best of our knowledge, and according to the performed comprehensive literature search, all eligible studies reporting on duodenal ESD-assisted EFTR (including case reports) were included in our review.

2. Language evaluation: Classification: Grade B.

Response: English language of the revised manuscript has been polished and a new language editing certificate has been provided.

To Company editor-in-chief:

1. Before final acceptance, the author(s) must add a table/figure (medical imaging) to the manuscript. There are no restrictions on the figures (color, B/W).

Response: Many thanks for considering our manuscript. A table summarizing the results of the included studies reporting on duodenal ESD-assisted exposed EFTR has been provided. A figure illustrating the ESD-assisted exposed EFTR technique has been added.