

Dear Editor,

We would like to thank you and the Editorial Team for your time and consideration of our manuscript number 77368 entitled "Hemostasis of massive bleeding from esophageal tumor" for publication in the World Journal of Gastrointestinal Endoscopy. We have conducted the revision of the paper in accordance with the comments provided by the Reviewers and the Editorial Team. Please see below the point-by-point responses to each of the issues raised in the peer review report.

**Reviewer 1:**

This case introduces a novel method for endoscopic haemostasias, here a few aspects for improving:

1. the case introduction part could be briefer, focus on the symptoms and examinations which are closely related to esophageal bleeding.

**Response:** we thank Reviewer 1 for this important observation. We have revised the Background and Case Report sections of the manuscript, further shortening and simplifying introductory and general statements, while enhancing the statements most closely related to esophageal bleeding in the case described. We believe those sections are now more balanced.

2. discussion should pay more attention on the superiority of the novel method you brought up, rather than simply illustrate the severity and intractability of the disease.

**Response:** as suggested by Reviewer 1, we have revised the Discussion section of the manuscript, providing some additional details, such as multi-pronged mechanisms of action and advantages of the novel treatment method we described, to support our observations and conclusions on its effectiveness. We hope that in its revised form the Discussion appears more focused than before.

3. minor language polish.

**Response:** additional round of proofreading by the professional English native-speaker took place, and some minor corrections were introduced in the revised version of the manuscript. We hope they improve the readability of the paper.

**Reviewer 2:**

1-The patient was treated with a novel method based on the use of a two-balloon catheter creating an isolated area in esophagus and locally dispersing hemostatic polysaccharide powder inside the isolated interior. Hemostasis was successful. It can be used in the treatment of patients who develop these conditions. 2-Work quality. A method of stopping bleeding with the application of double balloon catheter in esophageal hemorrhages has been described. It will contribute to the literature. 3-If this study is designed as a prospective study, not just a case study, its shortcomings and success will be better revealed.

**Response:** we deeply thank Reviewer 2 for his/her positive feedback and we agree that a properly designed prospective clinical study would be a better way to provide conclusive evidence of the effectiveness of a new method. However, since bleeding from esophageal tumor described in the manuscript is relatively rare, any prospective, and in particular randomized, clinical study addressing it would be quite challenging and would usually require some preliminary evidence that a method proposed for evaluation has good potential to be safe and effective. Thus we specifically selected the format of a case report to provide our experience with the potential of this novel method in the clinical situation outlined. Once we have more evidence, we would certainly consider running a prospective study, possibly also involving bleeding cases from other parts of gastrointestinal tract.

We hereby would like to resubmit our manuscript number 77368 in its revised form and hope to see it accepted and published soon.

Please do not hesitate to contact us if necessary.

Sincerely,

Aleksey A. Kashintsev