

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** Thank you for submitting your manuscript. Traction device has been helpful in improving visualization during procedure. This use of elastic ring as a traction device during POEM is novel, but I have a couple of suggestions that will improve the article.

First, it's not clear from the manuscript how the elastic ring was deployed after the mucosal incision was made. Is the elastic ring deployed through the working channel (like S-O clip used for ESD) or is this over the scope delivery mechanism? In addition, I'm looking at Figure 7 and 8, its not clear how tension is created using the plastic ring Do you place two clips then? One clip on the small ring at the initial incision site and a second clip on the big ring attached to the opposing esophageal wall to create tension (like a S-O clip) or do you embed the plastic ring at the opening of the tunnel and you pass the scope through the ring? A diagram would greatly help clarify especially for both general and advance endoscopist. A video of the procedure would also be helpful. I was not able to find the patent online to see the specifics of the device or how to use it?

**Answer:**The elastic ring was deployed through the working channel. One clip on the small ring at the initial incision site and a second clip on the big ring attached to the opposing esophageal wall to create tension.

Second, I would recommend revision to address grammatical errors and awkward sentencing. For example: timed barium esophagram (classical bird's beak appearance) would be more appropriate than upper gastrointestinal angiography, since the latter can be confused with angiogram. Full-thickness myotomy is more suitable term than full-thickness incision.

**Answer:**Thank you for your suggestion.I have modified as your suggestion.Thank you very much.

Third, several clarifications would be helpful. Line 7 – esophageal disruption was mentioned, can you clarify? Does this patient have prior endoscopic intervention? Also, did manometry performed to confirm achalasia and delineate the subtype? Any chest or abdominal CT to rule out external compression?

**Answer:**Thank you for your suggestion.I have modified:Line 7 –Esophageal stenosis.This patient had never undergone any prior endoscopic intervention.He had never perform manometry.Chest computed tomography ruled out external compression.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thanks for Sharing the proposed technique that would be helpful in POEM patients with difficult submucosal planes associated with poor lift. I would recommend to rewrite the paper with introduction, background, clinical history, procedure with technical details, along with any limitations and lessons learned, to make it more friendly and readable. aside please correct lot many grammatical errors.

**Answer:**Thank you for your suggestion.I have modified as your suggestion.Thank you very much.

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thanks for sending the manuscript entitled (Peroral endoscopic myotomy assisted with elastic ring for achalasia of obvious submucosal fibrosis) for review. The case is well reported but missing important heading, and i hope the author will bring major revisions, otherwise i am afraid that i would reject the manuscript. Important issues that should be addressed, are listed below; 1. insufficient introduction with few citations 2. The important part (Discussion) is absent and not described anywhere 3. The Care-checklist is not compatible with manuscript 4. The author and co-author affiliations are not described.

**Answer:**Thank you for your suggestion.I have rewrite the discussion and checklist,increase the citation.Thank you very much.

Reviewer #4:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Rejection

Specific Comments to Authors: The authors demonstrated the novel technique that is useful for making the mucosal entry among achalasia patients with severe fibrosis at the entry site. This technique is interesting and has novelty, but there are some comments. My comments are as follows. 1) Changing the location of the entry is one of the options to overcome the submucosal fibrosis of the entry. Is there any advantage of elastic ring-assisted POEM over the alteration of the entry site? Unless you demonstrate the significant advantage over the alteration of entry site, that is the simplest management, the clinical usefulness of this technique is highly limited.

**Answer:** Thank you for your suggestion. Esophageal distortion was obvious in the patient, and the opening position of the tunnel was more suitable for the establishment of a complete tunnel.

2) In general, the submucosal fibrosis that is observed in the submucosal tunnel rather than the entry is associated with the aborted POEM. Thus, this technique is likely to be useless for preventing the aborted POEM.

**Answer:** Thank you for your suggestion.

3) Authors said that "The short-term outcome is excellent, greatly shorten the operation time and improve the success rate of POEM for achalasia with obvious submucosal fibrosis." I could not confirm objective evidences that elastic ring-assisted POEM reduce operation time and improve the success rate of POEM for achalasia with fibrosis. Assertive description had better to be avoided.

**Answer:** Thank you for your suggestion. We observed the good outcome, we will summary data further.

4) Please enlarge / reduce the image with the aspect ratio fixed.

**Answer:** Thank you for your suggestion. I have modified as your suggestion. Thank you very much.

5) I could not confirm where did you fix the anchor clip from figure 8. Please select a clearer picture.

**Answer:** Thank you for your suggestion. I have modified as your suggestion. Thank you very much.

6) The kinds of endoscopic hood and the water-jet function of endoscopic knife are

important for making the mucosal entry easily. Please describe what kind of endoscopic hood you used in the procedure and whether dual knife that you used in the procedure had water-jet function?

**Answer:**We used the endoscopic hood Olympus, D201, and the dual knife had no water-jet function.

7)How did you treat the anchor clip during the closure of the entry? Anchor clip seemed to interfere with the closure of the entry.

**Answer:**We removed the titanium clip holding the traction ring opposite the tunnel opening using a pair of biopsy forceps.