# Response letter

Dear Editor,

We would like to resubmit the revised manuscript entitled "Endoscopic diagnosis, treatment, and management of rectal neuroendocrine tumors less than 10 mm in diameter" for consideration. We would like to thank the reviewers for thoroughly reviewing our manuscript and making many thoughtful comments. We were very pleased to see that all three reviewers recognized the novelty and potential significance of our work. We have revised the manuscript to address reviewers' comments. Here are our point-by-point responses:

Reviewer #1

Comment 1: I noticed that the authors cited Ref 14 many times in nearly every section of this review; however, Ref 14 is a review published in 2016. For the critical content, it may be more suitable to cite the original studies, not another old review article.
Answer: Thanks for the important advise for us .We have replaced some citations of Ref 14 by original studies to update the review.

Comment 2:Many wording in this manuscript is not the standard, i.e., "Endoloop" (I think the authors meant snare) and "in situ resection." It is very difficult to read this manuscript, although the readers are in this field.
Answer: We have corrected the confusing words according to the suggestion.

Comment 3: The authors should focus on the endoscopic treatment of rectal NETs. The review on this topic is too superficial. They should make a table comparing each endoscopic resection technique from studies.
Answer: Table3 is supplemented to compare each endoscopic resection technique from studies.

Comment 4: The authors should provide the WHO grades for NET in a table.
Answer: Table2 is supplemented as the WHO grades for NET.

Comment 5: The sentence "However, no significant difference between tumors measuring 1 to 2 cm and those measuring larger than 2 cm in diameter, respectively, has been found in the prediction of rNET prognosis." on Line 81-83 maybe not be true. What is your reference and supporting evidence?
Answer: Reference is added in the article.

Comment 6: The sentence "Typical endoscopic rNETs also have a higher risk of lymph

node involvement.” on Line 102 is confusing. What does it mean?
Answer: The typical rNET is a small and smooth sessile tumor appearing normal or yellow in color with a submucosal bulge, which is usually approximately 5 cm from the anal margin. In order to avoid the confusing expression, we replaced small rNETs instead of typical here.

Comment 7: The sentence “A study has shown that rNETs less than 5 mm in diameter usually do not invade the muscularis propria and thus are suitable for endoscopy; meanwhile, those greater than 5 mm in diameter or with irregular features require EUS to determine the depth of invasion and LVI.” on Line 131-133 are needed reference to support. Is that from Ref 14? (Too many citations from this old review article)
Answer: After further reading, we found this sentence misunderstanding and confusing, so we deleted it.

Comment 8: In the imaging section, the authors should conclude how to select the patients to perform MRI. There was no conclusion from the manuscript.
Answer: Conclusions were added in the article and highlighted. MRI can well identify rNET and assist in the tumor staging. Moreover, MRI is necessary for T2, T3, T4 and nodal -positive tumors, especially to assess the involvement of other pelvic structures and liver

Comment 9: The en bloc resection is not equal to R0 resection. The authors should revise the sentences on Lines 154-156 and cite a reference.
Answer: We have revised the expression with “local resection”.

Comment 10: The approach during the first endoscopy procedure section was not concluded. The authors should conclude when to cut during the first endoscopy. This section is very confusing.
Answer: We have concluded when to cut during the first endoscopy. If the tumor size, mucosal, and submucosal changes are confusing, further and full evaluation is needed instead of simply resection methods.

Comment 11: The sentences “Transanal resection of rNETs removes the tumor body at a higher position and ensures a deep removal in the muscularis mucosa. However, the risk of transabdominal rectal resection, i.e., rectal anterior resection, when treating rNET less than 10 mm in diameter is greater than the benefit. Thus, adequate in situ resection of rNETs is more appropriate.” on Lines 181-185 are not understandable. Please revise the sentences.
Answer: We have revised the sentence and highlighted it.

Comment 12: In the conclusion, the sentences “With the continuous innovation and development of endoscopic technology, we look forward to more surgical procedures to ensure complete resection of these tumors and reduce the occurrence of complications. Multicenter, large-sample studies should be carried out to provide

sufficient evidence for the selection of the best surgical procedure." maybe not be accurate. If the authors reviewed the studies, they would know that current endoscopic treatment modalities are great in the experts' hands with a high curative rate.
Answer: We also recognize the great endoscopic treatment modalities currently. We have revised this part in the conclusion.

Comment 12: Overall, the quality of this review has not met the standard and should be improved. The authors should focus more on the endoscopic treatment of rectal NETs as the title. I hope to read a better version of the review.
Answer: Thank you very much for the advises, and we have improved the article according to your suggestion.

Reviewer #2
Comment 1: The review article is too long, and many of the data with the same meaning are repeated. It should be shortened.
Answer: We have deleted some repeated parts of the article.

Comment 2: As there are many lines of treatment, there should be some algorisms summarizing different lines of management. There should be some tables comparing the different endoscopic and surgical techniques regarding efficacy, advantages and complications.
Answer: Table3 is supplemented to compare each endoscopic resection technique from studies.

Comment 3: Although the manuscript is concerning about rNET <10 mm, there should be a brief reporting of rNET >10mm.
Answer: Thanks for your important advice. Part 7 is added to brief report rNET >10mm. Surgery is suggested for tumors larger than 20mm or depression appers in the tumor center regardless of tumor size. For rNETs diameter between 10mm to 20mm, options should be made according to the risk of metastasis and the patient's personal choice.

Thank you for your consideration of our manuscript.

Yours sincerely,

Zhenglei Xu, Xiaoxin Ma