

Dear Editor and Reviewers: Thank you for your letter and the reviewers' comments concerning our manuscript entitled "The Efficacy of Full-thickness Endoscopic Resection of Subepithelial Tumors in The Gastric Cardia" (Manuscript NO.: 88031). Those comments are quite valuable and very helpful for improving our paper. We have made corrections that we hope meet with your approval. The main corrections and our responses are as follows.

Responses to the reviewer comments:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The study is interesting but there are some points to clarify. In the "Methods" section it has been reported that informed patient consent was obtained prior to all procedures, has study inclusion consent also been reached? In the "Definitions" section it has been reported that all were certified EFTR endoscopists but it hasn't been specified if they were certified STER endoscopists. It could be an important bias to add to the limitations. How could it influence the results?

Response: Thank you for your comments.

1. Before surgery, we will routinely inform patients that relevant clinical data will be used for scientific research and obtain patient consent. The data for this study come from a Shanghai Municipal Science and Technology Commission project, named "Establishment of a standardized annotation database for submucosal tumors of the digestive tract and research on the artificial intelligence model performance evaluation system" (No: 19411951600). In this project, we informed the patients that their clinical data would be used for subsequent research and publication, and the patients gave their consent.

To avoid misunderstanding, we change it to "Informed patient consent was obtained from all patients".

2. STER technology was invented by our center and all endoscopists in this research were proficient in STER. STER has been widely used for SETs resection in the esophagus and cardia, so the effectiveness of EFTR can be demonstrated by comparing with STER.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Xu et al. compare EFTR and STER at the gastric cardia for subepithelial / intramural lesions. In general, the manuscript is well written. Still, there is one major concern which is selection bias: both procedures were used at the same hospital during the same time period. Which procedure was chosen for which lesion or patient ("the endoscopic resection method was selected based on tumor characteristics")? This is crucial, as this may potentially have influenced all other aspects, such as time of procedure, complete resection rate, complication rate etc. Minor: the heading of table is misleading and cannot be understood alone without reading the text; this needs to be modified.

Response: Thank you for your comments.

1. If the tumor deviates to the esophageal side, STER is used, and if the tumor deviates to the stomach side, EFTR is used. Some cases underwent EFTR while others underwent STER according to the patient's preference, after being informed of

the merits and disadvantages of each technique.

2. we had revised the table title. (Table 1 Baseline characteristics of the 171 patients with SMTs in gastric cardia treated by EFTR and STER)

Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Gastrointestinal Oncology. 请您补充内镜下的照片。这个很重要。其次，我转发给您的约稿邮件没有收到回复。

Response: Thank you for your comments.

1. we added the picture of procedure of EFTR

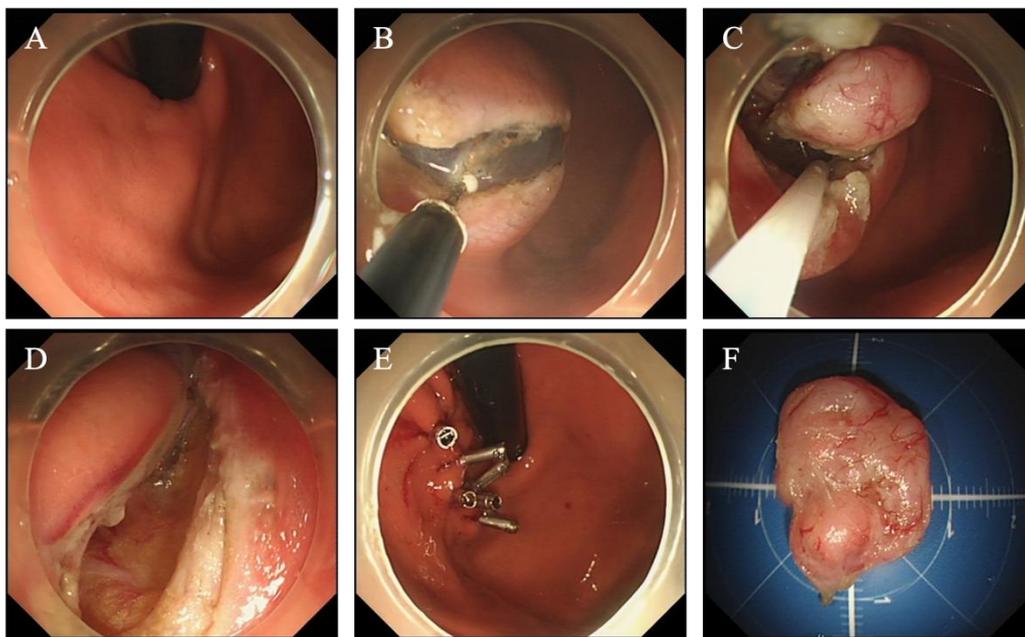


Figure1. Processes of EFTR for Gastric Cardia Subepithelial Tumors. **A** Endoscopic view of gastric cardia subepithelial tumor. **B** Circumferential incision was made as deep as muscularis propria around the lesion with IT knife. **C** Incision into serosal layer around the lesion was performed with Hook knife to create active perforation. **D** Gastric wall defect was presented after lesion was resected. **E** The gastric wound was closed with several metallic clips successfully. **F** Resected tumor.