Reviewer #1: Scientific Quality: Grade C (Good) Language Quality: Grade B (Minor language polishing) Conclusion: Accept (General priority) Specific Comments to Authors:

You mentioned "Cervical dilatation was performed on the day before surgery"; Please, clarify in discussion why Cervical dilatation was performed on the day before surgery and not performed at the same sitting?

Response: We would like to thank Reviewer 1 for your time and efforts in reviewing our manuscript and for providing comments, which have considerably helped us improve our manuscript. We have made revisions based on your comments and have provided our point-by-point responses below. We hope that our responses and revisions appropriately address your comments.

At our hospital, we perform cervical dilatation on the day of admission (the day before surgery), as it is required for hysteroscopic myomectomy using a rigid hysteroscope.

Also, clarify in results whether MEA destroys the functional layers of endometrium completely or not? You may add figures for photographs of histopathology done. What about fertility following the procedures? Please, clarify. Also, limitations of study should be added.

Response: To the best of our knowledge, there are no large-scale studies on the destruction of the endometrium basal layer by MEA. However, there is a case report of post-MEA total hysterectomy that lacks a normal endometrium (Nakayama K, Razia S, Ishibashi T, Ishikawa M, Yamashita H, Nakamura K, Sawada K, Yoshimura Y, Tatsumi N, Kurose S, Minamoto T, Iida K, Ishikawa N, Kyo S.

Pathological findings in the endometrium after microwave endometrial ablation.

Sci Rep. 2020 Nov 27;10(1):20766. doi: 10.1038/s41598-020-77594-x.)

Therefore, we have clarified in the manuscript that this treatment is not indicated for patients who wish to have children.

This include: - No obstetric history was taken. No causes for hypermenorrhea have

been mentioned. Some authors stated that neglected intrauterine device may cause increased incidence of intrauterine infections and subsequent menorrhagia (Hegazy et al, 2021). Hegazy RA, Hegazy AA, Etman WM. Tubo-ovarian actinomycosis in perimenopausal woman with neglected intrauterine device: A case report and review of literature. J Medical Case Repo. 2021;3(4):1-5. References are little. Please, add more studies in your discussion.

Response: Obstetric history is as indicated on the patient demographics sheet.

In our current study, the cause of menorrhagia, as shown in the subject, is targeted at cases wherein there are no factors that cause menorrhagia other than submucosal fibroids.

The cases targeted this time do not include cases in which the intrauterine device was used for uterine fibroids; therefore, these details are not included in the discussion.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Thank you for the opportunity to review this paper. I think this is an interesting manuscript entitled "Effectiveness of microwave endometrial ablation combined with hysteroscopic transcervical resection in treating submucous uterine myomas." The manuscript deals with a worthwhile topic and has scientific interest. It is well written and results sound. I have only minor revisions to suggest. The authors used the terms 'uterine myoma' and 'uterine fibroid' alternatively. It could be confused. Please select and use a single term, or give an alternative term in parenthesis at first.

Response: We would like to thank Reviewer 2 for your time and efforts in reviewing our manuscript and for providing comments, which have considerably helped us improve our manuscript.

As you pointed out, we have made the necessary adjustments and chosen to use the term 'uterine myoma'.