

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a very interesting and rare case report that deserves publication

Reply : Thank you for your comment.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: In this paper, the author reported a rare case of colorectal MALT lymphoma treated with endoscopic resection alone. Six cases of primary colorectal MALT lymphomas treated with endoscopic resection have been reported without recurrence. Therefore, they suggest that endoscopic resection may be a feasible and safe treatment for primary colorectal MALT lymphoma and allows organ preservation. This paper is interesting and has high clinical value. However, the following points should be revised.

(1) The follow-up period of this case was only 12 months, and it cannot be concluded that there is no recurrence with endoscopic treatment alone. Authors should mention this point as a limitation.

Reply: We agree with your comment. We added comments in the outcome and follow-up section.

(2) Findings of magnifying endoscopy and image-enhanced endoscopy such as NBI should

be presented as figures.

Reply: Unfortunately, as the lesion looked like a sub-epithelial lesion, we didn't save the picture of NBI nor magnifying endoscopy.

(3) Although the authors described endoscopic ultrasound findings as homogenous hypoechoic lesions arising from the muscularis mucosa layer, the origin of MALT lymphoma should not be muscularis mucosa. Therefore, it is better to describe the tumor as being visualized within the mucosal and submucosal layers.

Reply: We edited the manuscript and figure legend as you recommended. Thank you for the comment.

(4) The authors should present histological images that show the entire tumor in histopathological findings,

Reply : We edited the figure. Please refer to the revised figure 4

(5) The authors should include scale bars in microscopic images.

Reply : We edited the figure. Please refer to the revised figure 4

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: General: This case report that treated with only endoscopic submucosal dissection for rectal MALT was well written and may have potential. Major

comments:

1. Is it ethically acceptable to remove endoscopically rectal MALT as the first-line therapy?

Reply: Colorectal MALT lymphoma is very rare. And so, the treatment of colorectal MALT lymphoma is not established. There were 6 cases of colorectal MALT lymphoma that were treated with endoscopic resection alone and their outcome showed no recurrence in all cases. Also, previous studies showed that treatment modalities showed no significant difference in their outcome. As the number of cases are too small, we cannot say that endoscopic removal can be used as the first line therapy. However, as the endoscopic resection allows organ preservation and safe option with good treatment outcome, we think that it can be recommended in small localized lesions.

2. Why did authors select ESD in this case?

Reply: Before the pathologic report, we thought that they were two neuroendocrine tumors (NET) in the rectum. According to the NCCN guideline for NET, ESD is recommended for lesions less than 1cm size. We added the comment that we chose ESD because it was suspected to be rectal NET.

3. In general, MALT and lymphoma patients may be required to exam PET-CT.

Reply: According to the NCCN guideline, for the diagnostic work up for extranodal marginal zone lymphoma of nongastric sites, PET-CT or chest/abdomen/pelvis CT is recommended. And so, we only checked the chest, abdomen/pelvis CT.

4. How did authors check *H. pylori* infection? Because EGD showed atrophy and intestinal metaplasia, *H. pylori* expected to previously infect.

Reply: We only checked the CLO test for the *H. pylori* infection, and they were negative as they are described in the manuscript. The gastric MALT lymphoma is closely related to *H.pylori* infection and antimicrobial therapy against *H.pylori* is the mainstay of treatment. However, studies about colorectal MALT lymphoma and *H.pylori* infection is not well known. Therefore, we didn't do duodenoscopy to perform *H.pylori* PCR test.

5. Did patients receive previously eradication therapy for *H. pylori*?

Reply: The patient didn't receive *H.pylori* eradication therapy before. We added the comment in the further diagnostic work up section.

6. Do you need additional treatment, such as radiotherapy and chemotherapy?

Reply: The treatment of colorectal MALT lymphoma is not established. However, as the lesion was confined to the rectum and the lesions were very small in size, we chose endoscopic treatment alone. Previous studies showed good treatment outcomes after single treatment modalities in localized lesions. And so, after discussion with our multidisciplinary medical team, observation without additional treatment was planned.

7. Did this case show tree-like appearance in endoscopy?

Unfortunately, at the time of procedure, we didn't used the magnifying endoscopy.

8. Please add magnifying endoscopy and NBI images.

Unfortunately, as the lesion looked like a sub-epithelial lesion, we didn't save the picture of

NBI.

9. Endoscopic ultrasonogram shows two homogenous hypoechoic lesions arising from the muscularis mucosa layer. Is it right? If so, please revise to show pictures arising from the muscularis mucosa layer.

Reply: After reviewing the pathology, the lesion was found to be arose from the lamina propria layer, and it was confined to the lamina propria layer only. And so we edited the figure legend that the lesion was in the deep mucosal layer.

10. Did this MALT pathologically arise from the muscularis mucosa layer?

Reply: The lesion was found to be arose from the lamina propria layer, and it was confined to the lamina propria layer. We edited the figure.

11. What do authors think are the indications for endoscopic treatment of rectal MALT?

Reply: We think that stage IE colorectal MALT lymphoma that is suspected to be endoscopically *en bloc* resected. However, as the number of cases are too small, larger number of cases are needed to establish the treatment.