Point-to-point responses:

Reviewer 1 (03209844)

Q: In the study, it is better to further analyze the other BE-associated factors, such as gastroesophageal reflux, Helicobacter pylori, esophageal motility dysfunction, and others.
Answer: Thanks for your comment. Truly, the identify of risk factors of BE is important in the clinical practice. However, the aim of our study is focus on the useful of different biopsy protocols in the diagnosis of BE. Therefore, we did not put the BE-associated factor parameters into our study.

Q: if it is convenient to implement, it will be more convincing to increase cases in other parts of China.
Answer: Thanks for your comment. We have put this point into the “Limitation” portion of discussion section.

Q: It is better to give a more detailed description of the research method，in addition，to make the reader understand the goals and results more clearly the accuracy of expression needs to be further improved.
Answer: Thanks for your comment. We have these description into the “Method” and “Result” section.

Reviewer 2 (03699916)

Q: Please spell " LSBE" out because it is first time appeared in the abstract.
Answer: Thanks for your comment. We have made a correction in the revised manuscript

Q: It is suggested to add a reference behind the sentence " BE is important clinically because it is a major risk factor for the development of esophageal adenocarcinoma (EAC), and the number of EAC cases has been growing in the Western countries." in Background section.
Answer: Thanks for your comment. We have added a reference in the revised manuscript

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Q: NBI and WLE were not concurrently used for screening or surveillance of BE.
Answer: Thanks for your comment. According to AGA's guidelines, WLE combined with NBI is strongly suggested for the BE surveillance. In fact, we used endoscopy with NBI and WLE in every cases in our clinical practice to screen no only BE but also early esophageal cancer.

Q: The detection rates of dysplasia were very low, when compared with previous reports.
Answer: Thanks for your comment. According to AGA's guidelines, the diagnosis of BE included the appearance of intestinal metaplasia (IM). Therefore, in our cases, the numbers of BE was 65 (group A, C, D), and ratio of the dysplasia occurred in 6/65 (9.23%). The ratio of dysplasia of BE in Asia country is low because most of BE cases were belonged to short-sequment BE (SEBE).

Q: The expertise of endoscopists and pathologists is not considered. The accuracy of diagnosing BE and dysplasia can improve with increased experience of NBI and more rigorous adherence of the Seattle protocol.
Answer: Thanks for your comment. Truly , the experience of endoscopist and pathologist might cause some bias, and we have put this point into the Limitation of discussion section.

Q: The advantage of NBI over WLE with regard to detection of dysplasia has been shown in randomized controlled trials
Answer: Thanks for your comment. According to the context in the Discussion section, the advantage of NBI over WLE to detection of dysplasia had been proved in the previous study. However, the aim of our study is focus on the useful of different biopsy protocols in the diagnosis of Chinese cases with BE. The results of our study might provide some information to clinical endoscopist about preferred biopsy protocol choice in the selected BE patient group.