

Dear editor,

*I have revised the paper as you requested. The details are as follows:*

*Words in blue color are your requests. And words in red color are my answers.*

### **Reply to Reviewer 1**

*(1) I would like to see the macroscopic view of the resected specimen. Please let me know the macroscopic information of the tumor, such as macroscopic type and size.*

Reply: The macroscopic information of the specimen has been newly added in the revised manuscript (All amendments are highlighted in red). Macroscopic type is 0-IIb. The size of the specimen is 45x33 mm. (Fig 2)

*(2) I'm afraid that the patient may develop esophageal stenosis after ESD as the cancer was a semi-circumferential one. How was the posttreatment dysphagia?*

Reply: Oral prednisolone was administered at a dose of 30 mg/day on the third day after ESD. The dose was then gradually tapered in decrements of 5 mg/day every 2 weeks for 1 month followed by decrements of 5 mg/day every week for the next 4 weeks. Steroids were discontinued after 8 weeks. There were no complaints of dysphagia following ESD. On follow-up endoscopy, which was scheduled at 3, 6, 12 and 24 months after ESD, there was no postprocedural esophageal stricture (Fig 5) .

### **Reply to Reviewer 2**

*(1) The tumor was resected by ESD. You must submit a macroscopic figure of the ESD-excised specimen, a Lugol-stained image of the specimen, and a mapping image that clearly shows the relationship of pathologically identified lesions of esophageal cancer and xanthoma.*

Reply: A Lugol-stained image of the specimen, a macroscopic figure of the fixed specimen (Due to the loss of image of fresh excised specimens without iodine staining, we used an image of fixed specimen instead) , and a mapping image have been newly added in the revised manuscript (Fig 2 A-C).

*Please feel free to let us know if any further changes required. We are looking forward to your reply.*

*Best wishes,*

*Sincerely,*

*Xiaoyun Yang*