

Dear Editor and Dear Reviewers,
Thanks for the valuable suggestions.

We fixed the article following your suggestions during the revision.

- On page 15, we inserted in the limitations that The usefulness of sentinel LN basin dissection for curative resection needs to be investigated and that the effectiveness of SNNS combined with OSNA could not be determined in CRC.
- On pages 8 and 9, we described our resective and reconstructive procedure and the foresight to avoid strictures.
- In the limitations, on pages 14 and 15, we have included the use in our study of a single tracer for identifying the sentinel lymph node, explaining the reason. ICG has hypoallergenic potential, deep detection depth, high sensitivity and stable signal. Additionally, strict regulation and costs of radioactive substances and probes limit their use in our center.
- At the top of the limitation list, on page 14, we added that this is a single-site pilot study with few patients.
- During the review processes, we have focused on the essential points in the introduction
- During the review processes, we divided the discussion into paragraphs and tried to make the salient passages more comfortable for the readers
- We have fixed the tables, and on page 16, we indicated that the complication occurred has a percentage of 10.0%
- On page 9, on page 17 and in table 1, we have indicated the mean follow-up period.
- On page 14, in the study limitations paragraph, during the review process, we added that the number of patients collected was small and the selected patients did not have LN metastases. Therefore, it was not possible to validate the sentinel LN technique.

This pilot study aims to stimulate studies that can add further information on LN status in patients with early gastrointestinal cancer, which, if treated only with endoscopic technique or with modified Laparoscopic and endoscopic cooperative surgery, would have no additional information on LN status beyond radiological ones. Our study is the first to analyze the utility of intraoperative OSNA assay in sentinel node and nodal basin assessment in patients with early-stage gastrointestinal cancer undergoing the NEWS procedure.

OSNA and ICG near-infrared lymphangiography could be used to develop customized surgery and lymphadenectomy in patients with early cancers. We hope this article will inspire researchers to realise Prospective multicenter studies with large populations of patient cohorts to provide definitive conclusions.

Thanks for your support and continued help.

Best Regards.
Serafino Vanella