

Response to the Review Comments

Dear editor and reviewer:

We would like to thank you for your careful reading, helpful comments, and constructive suggestions, which has significantly improved the presentation of our manuscript.

We have carefully considered all comments from the reviewers and revised our manuscript accordingly. The manuscript has also been double-checked, and grammar errors we found have been corrected. In the following section, we summarize our responses to each comment from the reviewers. We believe that our responses have well addressed all concerns from the reviewers.

Reviewer #1:

1. The device used in EMR-dB is the one used in esophageal variceal ligation. Please state the name of the device used. 2. Please provide a comparison of the device costs used by each of EMR-dB and ESD for small rectal NETs.

Response:

Thank you for pointing out this problem in manuscript. We have corrected the name of the ligation device used in EMR-dB and added the comparison of the device costs used by each of EMR-dB and ESD in the revised manuscript.

Reviewer #2:

Comments) (1) In Method of endoscopic devices and procedures, although the authors described that a ligating device with a 20-mm maximum detachable nylon loop (MAJ-339, Olympus) was used, it was incorrect based on the Figure 1. The device used must be correctly described. (2) The site of the lesion (Rs, Ra, Rb), diameter of the resected lesion, presence or absence of lymphovascular invasion, pHM, and pVM should be described in results section. (3) The authors should discuss the difference between EMR-B and EMR-dB. Did the authors use Multiple Band Ligators for continuous ligations at one time? Please comment the differences between two methods in the size of the resected specimen, treatment time, cost, etc. (4) The authors should include a scale bar in Figure 2.

Response:

We thank the reviewer for pointing out this issue.

(1) We have corrected the name of the ligation device used in EMR-dB in the revised manuscript.

(2) We are appreciative of the reviewer's suggestion. We are so sorry that the statistics from our center only recorded the site of lesion by describe its by distance from anus, so we we added description of the lesion site (average distance from anus) in the results section and play a comparision between the two groups according to the comment, Therefore, we seek for the editor's tolerance and understanding. Many thanks for your kind help! In addition, we added description of the lesion site (average distance from anus), diameter of the resected lesion, presence or absence of lymphovascular invasion, pHM, and pVM in results section.

(3) In EMR-dB procedure, we use Multiple Band Ligators for continuous ligations at one time. We discussed the difference between EMR-B and EMR-dB in discussion section.

(4) We added a scale bar in Figure 2.

We hope our revised manuscript can be accepted for publication!

Best regards!

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