

Point-to-point Reply

Dear Lian-Sheng Ma,

Thank you very much for considering publication of our manuscript entitled "Clinical efficacy and prognostic risk factors of endoscopic radiofrequency ablation for gastric low-grade intraepithelial neoplasia". After discussion with all the co-authors, we revised this manuscript seriously and carefully according to reviewers' opinions. We believe we have addressed all the raised concerns and that manuscript quality greatly improved as a result of the reviewers' comments. The following pages are our point-by-point responses to each of the comments of the reviewers.

We hope our revised manuscript can be published in your journal soon. That will be our great honor. Thank you very much! Best wishes!

Yours sincerely,

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Responses to the comments of Reviewer #1

Specific Comments to Authors: The manuscript written by Wang et al. explores the efficacy and prognostic risk factors of RFA for gastric LGIN through a large sample long-term follow-up clinical study. LGIN, which is simple operation, lower risk, lower cost and rapid recovery, its efficacy and the prognostic risk factors are not fully understood. This study is of value to assist the selection of more safe and effective treatment strategy for gastric LGIN during the long-term follow-up. Very interesting study. And the manuscript is well written. The experiment of the study is designed very well, aims are very clear. Methods are reasonable. Data in figures and tables are very good, and well discussed. Thank you for giving opportunity to review this study.

Response: Thank you for your kind comments.

Responses to the comments of Reviewer #2

Specific Comments to Authors: The topic of this work is interesting. At present, endoscopic treatment of gastric LGIN mainly includes two methods: resection therapy and damage therapy. Although resection therapy, such as EMR and ESD, has shown to be effective in treating LGIN, the operation is relatively difficult, the treatment cost is high, the postoperative management is relatively complex, and there is still the possibility of serious complications. RFA, as a kind of damage therapy, has been preliminarily reported in some clinical studies with a small sample on its application in the treatment of gastric LGIN, which has the advantages of simple operation, lower

risk, lower cost and rapid recovery. However, its efficacy and especially the prognostic risk factors are still not fully understood. The manuscript is focused on further explore the efficacy and prognostic risk factors of RFA for gastric LGIN through a large sample long-term follow-up clinical study. The design of the study is very good. The results are excellent. Their conclusion might provide additional information for the good clinical development prospects and promotion space of RFA. The manuscript is well written and well organized, and authors presented also the limitations of the study. I recommend accepting this manuscript for publication after a minor language editing. Sincerely.

Response: Thank you for your kind comments. We have sent our revised manuscript to the recommended professional English language editing company to finish the native language polishing.