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We would like to thank the editors and reviewers again for considering our manuscript entitled, " Colorectal endoscopic submucosal dissection in special locations" (manuscript ID 46208). We have reviewed each of the reviewer's comments and resubmitted responses as listed below:

Reviewer #1:

This is a well-written narrative review, conducted by Kaosombatwattana et al about endoscopic submucosal dissection (ESD) at difficult procedure sites. The author divides the ESD sites into topics and subdivides them into several techniques. The manuscript has scientific relevance but some points need to be improved:

- A minor revision of English needs to be done. There are some wrong terms and writing that need to be reviewed by a native English gastroenterology or surgeon with experience in ESD. Core tip: - "We tried our" this is not a formal way to write an article.

Thank you for your comments. The revised manuscript was approved by the medical research manuscript editor of Mahidol University.

- Background/Introduction: -Where do you get all this information from? There is no reference! You need to include references in the introduction.

As suggested, we added references into this section (page 4, line 8,10).

- ESD at the ileocecal valve and terminal ileum - "…treatment of lesions". "These lesions." Which lesion are you talking about?

We have clarified the above mentioned lesions. Thank you for your comment (page4, line 24,25).

- "The terminal ileum plays an important role in bile acid absorption, so patients are at risk of decreased quality of life after IC valve resection." Please include a reference for this sentence.

We appreciated your comment. Two references were inserted to support this sentence (page5, line3).

- "The first case series included eight patients, and the en bloc resection rate was 75%" Which kind of resection are you talking about. Please clarify.

Thank you for your suggestion. We described the detail of resection as "The first case series of ESD for colorectal neoplasia involving ileocecal lesions included eight patients, and the en bloc resection rate was 75%" (page5, line5-6)

- “experienced endoscopists.” Is there a consensus on what an experienced ESD endoscopist would look like? How many procedures are needed? Please try to add a reference on this topic. This is important for readers.

We totally agreed with your opinion. There was no consensus on number of the procedures needed to be an expert. However, performing more than 100 ESD procedures give rise to sufficient experience to perform successful procedure. So we referred to this number as needed to be an experienced ESD endoscopist. (page5, line 18-20)

- Technical aspects specific to ESD at the ICV and terminal ileum - “When fatty tissue is experienced (Figure 2), the electrosurgical setting may need to be increased to enhance cutting ability.” Since it is a review on the subject and knowing that this is one of the biggest doubts of the endoscopists who are initiating this procedure, I suggest a table listing including sites of the lesions (right colon, left...), most commonly used materials, and a suggestion of electrosurgical adjustment based on your experience. I'm sure this will make a big improvement in your manuscript.

We were deeply impressed by this suggestion. We made a table listing the electrocautery setting for fatty tissue comparing with normal tissue (page6, line 5-7).

- ESD at the anal canal There is no reference in the first paragraph. Please add reference.

Thank you for your comment. The references were added accordingly.

- “In Japan, the rectum is divided into the upper rectum…” It is not only in Japan that this division is used. Please correct this and add reference.

As suggested, we edited the content and added the references (page8, line 6-10).

- “…There is also a considerable risk of systemic bacteremia due to the direct drainage of the venous system into the systemic circulation.” Please add references and comment about your experience.

The references were added and our experience was mentioned in the page 10, line 9.

- “…Several centers in Japan recently reported success using ESD to manage lesions located close to the dentate line.” Again you need to include references. Additionally, ESD close to dentate line is performed everywhere and not just in Japan.

Thank you for your comment. We included the reference and edited the messages (page 8, line 24-26).

Reviewer #2: Drs. Lohsiriwat and Jitmungngan put together a comprehensive review on concept and application of enhanced recovery after surgery program for emergency colorectal surgery. The outcomes of enhanced recovery after surgery program for the emergency surgical setting are reviewed. Scientific evidence of each enhanced recovery after surgery item used in emergency colorectal operation is shown. Perspectives of enhanced recovery after surgery pathway in emergency colorectal surgery are addressed. Evidence-based enhanced recovery after surgery protocol in emergency colorectal surgery is presented at the end of manuscript. This is indeed a well written peace of work and of educational values. The data is well

presented supported with strong citations from well-recognized colorectal surgeons worldwide. The tables are easy to follow.

We were afraid that this comment was not correlated with our manuscript. Please correct us if we were wrong.

Reviewer #3: This is a good review of colon ESD. I did not encounter grammatical or typographical errors.

Thank you very much for your comment.

We are submitting our revised manuscript for consideration and hope you will accept our review for publication in World Journal Gastrointestinal Endoscopy.

Your sincerely,

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