Dear editor:

We deeply appreciate the valuable comments and suggestions from the reviewers and the editor. We have carefully studied the reviewers' comments and revised our manuscript according to their suggestions. We believe these revisions have improved our manuscript. The followings are our point-to-point responses to the reviewers' remarks underneath each comment. In the revised manuscript, the revised parts have been written in red.

Reply to reviewer:

General comments: This is the interesting case report describing combination of ESD and POEM for an achalasia patient with early esophageal neoplasms. As the authors mention, achalasia is associated with an increased risk for esophageal squamous cell carcinoma, therefore, it is an issue that needs to be dealt with the way how to treat those patients. However, there are several points that should be resolved to improve the manuscript.

Major comments:

1. An initial mucosal incision of POEM is usually made in the 2–3 o'clock position on the right lateral esophagus to aim for a straight tunnel ending to the lesser curvature at the cardia. Is it possible to perform the combination treatment for lesions located at the 2–3 o'clock position? Please clarify the location and size of lesions and discuss the indication and limitation of lesions in more detail.

Reply：I am sorry that this part was not clear in the original manuscript. I should have explained that I have revised the contents of this part. The neoplastic lesions were located in the anterior wall of the esophagus. The mucosal incision of POEM was made in the opposite side of the lesions, which was the posterior wall. One reason we chose the posterior wall as the position of the mucosal incision of POEM is that it is safe and effective. Now this operation was used for a lot of POEM. The other reason was to avoid the impact of ESD wound and incision of POEM. During the procedure, the patient is left decubitus. As the esophagus was distorted obviously, it was difficult to ensure that the tunnel is not deviated and lost. Aiming for a straight tunnel, the position of liquid concentration and the circular muscle layer were used as references. The tunnel direction was viewed repeatedly in the esophageal lumen.

2. You mentioned that the reasons you didn't perform ESD and POEM separately were to avoid the risks associated with two times of general anesthesia. However, it is possible to perform both ESD and POEM under intravenous anesthesia. I think that intravenous anesthesia has less risk than general anesthesia. Please discuss in more detail.

   Reply：I'm sorry I didn't write clearly about the means of anesthesia. We agree with you deeply that intravenous anesthesia has less risk than general anesthesia. The mode of anesthesia was intravenous anesthesia with tracheal intubation.

3. You mentioned "if POEM was performed first, it would result in submucosal fibrosis which might make the subsequent ESD difficult. If ESD first, large amount of fluid retention in the sigmoid-type achalasia will prolong the mucosal healing and even cause unfavorable complication such as bleeding in delayed fashion or systemic infection" in page 5, line 1. However, ESD also has a risk of perforation. If perforation occurs during ESD, POEM after ESD is also difficult. Do you still think it is necessary to perform POEM after ESD in order to reduce operation duration? Please discuss in

more detail.

Reply：Thank you for your comments. We agree with your point deeply. Actually, we conducted a thorough preoperative discussion, three schemes were developed. If there was no possibility to perform both procedures simultaneously, one operation will be cancelled and designed to undergo in the near future. After all, these two operations are elective procedures. Before ESD mucosal incision, Saline was injected into the submucosal layer, the lifting sign is good. We estimated that the lesion had no significant adhesions; there was little risk of perforation during ESD. The extent of the lesion is not large, even if there was a small perforation, it was also relatively safe to establish a tunnel opening on the the contralateral mucosa in cases of that the perforation was closed by hemostatic clips and esophageal lumen was remarkable dilated. Fortunately, according to the location of the neoplastic lesions and good physical condition of the patient, two procedures were successfully performed simultaneously.

Minor comments:

1. When do the patient start postoperative intake? The patient was treated by both ESD and POEM. So, more careful support is necessary for the patient. Please add more clear information.

Reply：Thank you for your comments. The patients were given liquid diet after 48 hours of fasting. Because of the small perforation in the POEM, antibiotics were used to prevent infection. The patient felt severe pain and was given analgesic treatment. 2 days later, the pain was relieved and the pain medication was discontinued. On the following day, the pain disappeared, antibiotics were stopped using.

2. English editing should be sought.

Reply: The grammar and spelling in the revised manuscript has been revised by a native English speaker.

We would like to express our great appreciation again for all the valuable comments on our paper. We look forward to hearing from you regarding our submission. We would be glad to respond to any further questions and comments that you may have. We are looking forward to your feedback soon.

Best regards!

Senlin-Li