

1. In the section titled "Management of malignant, premalignant, and dysplastic lesions of the esophagus, stomach, and duodenum," the textual description of the "Method" is somewhat verbose. It is recommended to replace this with flowcharts or schematic diagrams. Visual representation of the procedural steps would enhance readability, improve the aesthetic quality of the manuscript, and facilitate a more intuitive understanding of the technical processes for readers

Response: Added figures to facilitate the understanding of the methods

2. The "Conclusion" section currently provides a summary of the main findings. It is suggested that the authors expand this section by offering forward-looking insights and recommendations for future research directions. For instance, the potential applications of AI in endoscopic diagnostics could be further explored, or strategies to optimize existing endoscopic techniques for improving early cancer detection rates could be proposed. This would add depth to the academic discussion and provide readers with actionable research directions.

Response: We expanded on it

Second Reviewer:

1. The text is dense, with opportunities to simplify without losing meaning. Repeated phrases and redundant details can be condensed

Response: We adjusted it

2. Some sentences are overly long, affecting readability. Breaking these into shorter sentences will enhance clarity.

Response: We adjusted it

3. Variations in formatting, such as inconsistent use of acronyms (e.g., "EGD" vs. "esophagogastroduodenoscopy"), need standardization.

Response: We adjusted it

4. Ensure consistent formatting of references throughout the document.

Response: We adjusted it

5. Minor grammatical errors (e.g., missing articles or prepositions) and style inconsistencies require attention.

Response: We adjusted it

6. Some sections delve deeply into technical details that might not be necessary for the intended audience.

Response: We find it adds to the value of the manuscript.