ANSWERING REVIEWERS

Thank you very much for reviewing our manuscript entitled “Effectiveness of clip-and-snare method using pre-looping technique for gastric endoscopic submucosal dissection” (ESPS manuscript NO: 24800). We have changed the manuscript carefully in accordance with the reviewers’ comments and suggestions. We present our point-by-point responses below.

Reviewer’s code: 00183658

#1. This study was a retrospective study. It was conducted at a tertiary care referral center. Thus, it could not apply in the community hospitals.

Because the clip-and-snare method using pre-looping technique (CSM-PLT) does not need specialized tools or environment, this technique can be applied to any hospital, including community hospitals, where conventional endoscopic submucosal dissection (ESD) is being performed.

#2. Several factors influence the outcome of the study. Some limitations might be occurred.

Because the sample size of this study was small, there were few lesions, such as large lesions or lesions with ulceration, which were typically difficult to treat by conventional ESD. In this study, we could not examine the efficacy and safety of CSM-PLT on these refractory lesions. The proportion of these refractory lesions may influence the outcome of this study. We have added this point as a limitation in the Discussion section.

#3. This procedure needed an experienced endoscopist. It could not apply for the general physicians.

We strongly agree with your point. CSM-PLT is a technique for endoscopists who have enough knowledge and skills on conventional ESD. This was an important point and we have added this to the Methods section.

#4. Who were the endoscopists? Experienced or Non-experienced.

The endoscopists who performed ESD in this study had enough knowledge and skills related to conventional gastric ESD. All endoscopists had an experience of four years or more in gastroscopy. On the other hand, their years of experience on ESD were varied. As shown in Table 1, the distribution of endoscopists according to the number of years of ESD experience was six in the “≤ 3 years” group, ten in the “4–6 years” group, and four in the “≥ 7 years” group. We have revised Table 1 for easier comprehension.

#5. How many cases did the endoscopists perform this procedure?

For the CSM-PLT group, we retrospectively collected consecutive data immediately after the establishment of CSM-PLT. Therefore, all endoscopists who participated in the study had little experience on the established CSM-PLT. This was an important point, and we have added this to the Methods section.

#6. How did the endoscopists select the patients in each group?

An endoscopist who had ESD experience of more than 10 years selected the attending endoscopist for each lesion on the basis of the following information: 1) difficulty of ESD, which was estimated from the lesion location and size, and 2) ESD experience of the endoscopists. This method of selection was consistently performed throughout the study period and was the same in both groups.

#7. Generally, we know that adequate anesthesia influences the outcome and the successful completion of the procedure. The different anesthetic techniques may produce the different anesthetic outcomes.

We used midazolam, pentazocine, and propofol for deep sedation during ESD. The type and amount of the anesthetic medicine varied according to the case;

however, the abirritant level for a successful ESD was the same during the study period. In all cases in this study, we did not experience difficulty in the administration of appropriate sedation and there were no complications due to anesthetic techniques.

#8. The authors did not show the anesthetic management including anesthetic technique and drugs as well as the anesthesia-related complications.

Please see the answer to #7.
We have added the issues related to anesthesia in the Methods section and Table 2.

#9. Please review the literature and add more details of this procedure.

The clip-and-snare method (CSM) is a relatively new procedure; therefore, we can refer to only two reports in literature, which we showed in our manuscript. We have added more details on CSM to the Introduction section.

10. Finally, the clinical application of the study is very important. The authors should to recommend the readers "How to apply this knowledge for routine clinical practice?"

When endoscopists who are able to perform conventional ESD use CSM-PLT for lesions in which conventional ESD have been intended, it could be said that CSM-PLT is a useful technique. This was an important point, and we have added this to the Comments section.

Reviewer's code: 00504581

#1. The ESD performed with the patients intubated or only with unconscious sedation?

We performed ESD under unconscious sedation without intubation. This was an important point, and we have added this to the Methods section.

#2. What were the setting of the electrical surgical unit used power devices used?

We specified the setting of the electrical device in the Methods section.

#3. Will be necessary to change the patient position in any time (prone or supine position) in order to get better view of the ESD field?

In this retrospective study, we had no data related to changing the patient position. CSM-PLT may reduce the number of times needed to change positions. We want to examine this point in a future prospective study. Thank you for the constructive suggestion.

We hope that these revisions have satisfactorily addressed all concerns expressed by the reviewers and editors. We hope that you could consider the manuscript for possible publication in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,
Naohiro Yoshida