Reviewer 1

I rearranged contents (esophagus, stomach, colorectum). I added a figure for a gastric ESD performed at our institution.

Reviewer 2

I added all suggestions including references.

Reviewer 3

I incorporated almost all the points raised by the reviewer in the manuscript. These additions are in the introduction (new paragraph) and sections on Barrett's and starting an ESD program and Table III

Point by point reply to editors

Thank you for your continued consideration of our manuscript. I submit, as instructed, a point by point reply to the issues raised by the three reviewing editors.

02440966 1. The organ content has been altered to esophagus, stomach, colon

2. The figures and tables have all been altered to follow the journal style

3. A set of gastric ESD pictures were inserted.

00037816 1. The editor statement regarding long-term outcomes of patients with EGC under expanded criteria for gastric ESD was added almost verbatim to the section ESD-early gastric cancer and associated with the recommended reference (22).

2. The editor suggested inclusion of two electrosurgical knives. These were included and related references. (66,67)

002549032 1. The second paragraph in the Introduction incorporates the editor's points regarding The essence of ESD versus surgery and EMR.

2-6 The second paragraph describes the importance of visual (endoscopic) examination of mucosal lesions which are typically done better in the East as compared to the West. There are screening guidelines in the West for Barrett's and for surveillance of established Barrett's patients. Many endoscopists employ magnification, zoom and NBI. The cadre of Western ESD operators are versed in the identification of advanced mucosal lesions of the esophagus and stomach including early cancers. We agree the *average* endoscopist in the West does not have this skillset, but arguably could be better their eastern counterpoints in identifying subtle colon lesions such as sessile serrated adenomas.

7. Western pathologists vary in their training/experience and some are arguably capable in classifying Barrett's and colorectal cancer. Arguably, they are usually less adept regarding EGC because of the lesser prevalence. I did not include these points as I consider them somewhat conjectural.

8-9. I incorporated the points regarding Barrett's prevalence in Japan and ESD for

EGJ lesions in the last paragraph of the Barret's Esophagus and Cancer section.

There are no changes in the manuscript but references 66 and 68 should be switched