

Thank you very much for reviewing our manuscript and kind suggestion. We completely responded to all of rcomments, and revised manuscript according to the reviewers' suggestion. The revised manuscript was also proofread in English.

Reviewer 1

1. This is an interesting case report. Please clarify if after excision of tumor thoracoscopically, mucosal repair was performed in addition to mucosal repair done endoscopically.

Answerre

We clarified the mucosal repairs to close the entry of endoscopic tunnel and an accidental damage by thoracoscopic procedure.

We added the sentence "We repaired the mucosal layer away from the site of mucosal entry since it was damaged partially during the thoracoscopic procedure, and correct the sentence to "The endoscopic defect, created for gaining mucosal entry for tunneling, was closed by using endoscopic clips."

2. Literature review of such cases can be summarised in table form for better understanding of readers.

There was only one report like such a case. Therefore, we reviewed the paper and discussed the novel and new issues in our manuscript.

We added the sentences to discuss about it regarding below.

"To avoid the aortic arch and the left bronchus in the thoracoscopic approach, we attempted to remove the cranial side of the tumor to the maximum extent possible by endoscopic dissection.

To our knowledge, this combined approach has not been reported for tumors involving the upper and middle thoracic esophagus. Kanetaka *et al.* applied a similar approach for a large esophageal leiomyoma that originated from the lower thoracic esophagus [15]. However, lower mediastinal tumors may be relatively easily resected by thoracoscopy alone. In our case, endoscopic tunneling was required since the tumor was located in the middle thoracic esophagus, and complete tumor resection by the thoracoscopic approach was considered difficult.

Reviewer 2

1. Abstract, line 2, as well as in Case report, line 2: Instead for the word Esophagogastrointestinal the term Esophagogastroduodenoscopy is suggested.

Answer

We correct the word to Esophagogastroduodenoscopy.

2. From which company was the linear echoendoscope and which needle was used for the FNAB? Which knife was used for the tunnel, which were the settings at the electro-surgical unit?

Answer

We added the two sentences to give the information of surgical devices.

Ultrasound-guided fine-needle aspiration biopsy (Linear echoendoscope [GF-UC240P-AL5], Olympus Corporation, Tokyo, Japan; Aspiration needle [Expect], Boston Scientific, MA, USA) demonstrated spindle-shaped cells without abnormal mitoses.

We used two kinds of electrocautery knives (triangle-tip knife [KD-640L], and insulated-tip knife [KD-611L], Olympus Corporation, Tokyo, Japan) combined with an electro-surgical unit (ERBE VIO 300D, ERBE Corporation, Tuebingen, Germany).

3. Would the authors suggest their combined technique surgery+endoscopic resection (submucosal tunneling endoscopic resection-STER technique even for the rare cases of esophageal GISTs where the capsule is very important not to be disrupted?

Answer

We added the sentences to discuss about the indication of this combined procedure for GISTs as followed.

Recently, the submucosal tunneling endoscopic resection (STER) technique has been used for the resection of esophageal GISTs [7, 16, 17]. The combined approach can aid in the removal of GISTs without disrupting the tumor capsule. However, further studies are necessary to evaluate whether this procedure is applicable for malignant tumors such as GISTs[7].