Response to Reviewer Comments

Thank you for your valuable comments and kind recommendation for our manuscript.

**Point 1:** The section methodology and results should contain a flowchart with the patients involved in the study.

**Response:** The flowchart of patient enrollment was showed below:

![Flowchart of patient enrollment](image)

**Point 2:** Please explain the novelty of your study.

**Response:** Our study emphasized the diagnostic strategies for minute gastric cancers (MGCs), which was novel and particularly challenging due to their small size (≤5 mm in diameter). It was a real-world observational study that included 191 MGCs over an eight-year period. The study highlighted the effectiveness of combining WLE, NBI, and indigo carmine to improve the detection rates of MGCs. The robust data offered valuable insights into the detection and diagnosis of MGCs, making the results highly relevant for everyday clinical practice.
Point 3: The limitation of the study is mandatory to be expanded.

Response: Our study had several limitations. First, it was a retrospective study conducted at a single institution with a small sample size, which may lead to selection bias. Second, only experienced endoscopists used NBI and indigo carmine for endoscopy, which may result in observer bias. Third, some lesions were initially found in other hospitals and transferred to our hospital for further treatment. The previous gastroscopic biopsy affected the endoscopic observation of MGCs. Four, the Japanese criterion was used to diagnose MGCs in our study. Therefore, if WHO classification were used in diagnosis, some MGCs would be diagnosed as high-grade intraepithelial neoplasia.