

Peer Review File

Article information: <http://dx.doi.org/10.21037/aoe-2020-etbe-03>

Reviewer A:

Comment 1: This is a nice overview of the novel/emerging endoscopic therapies in Barrett's esophagus in a narrative form.

Reply 1: Thanks for Your comment.

Comment 2: Obviously several trials, some RCT's are on the way to provide a more in depth information. It would be of added value if the authors could provide their own insights on expectations against the "gold standard" of RFA, the pros and the cons, in the form of a table or bullet paragraphs.

Reply 2: Thanks for Your comment, we added a proper table, cited in the conclusion, accordingly.

Comment 3: There is also little information on the costs of material, disposables, personnel, etc.

Reply 3: Thanks for Your comment. To date, there are few reliable data in the literature on material, disposables, personnel cost. However, we have added the available data as you suggested.

Reviewer B:

The authors submit this paper for consideration where they explore the technologic advances utilized for the endoscopic management of Barrett's Esophagus.

The paper is comprehensive and does indeed explore the current techniques for Barrett's eradication.

I have however, a few comments:

Comment 1: The paper is Ok written, however, there are multiple small grammatical errors: i.e. page 9 line 4 "use of a cryogens" instead of use of a cryogen.

Reply 1: Thanks for your comment, we made the text read and corrected by a mother tongue colleague.

Comment 2: Multiple mistakes in the use of the English language: i.e. page 1 line 3 the word renovated should be replaced for a word like Updated. Page 1 line 5 standard of treatment should be either standard of care or standard treatment. Page 2 line 26 the word Instead does not belong in that sentence. Page 3 line 23 should read others not other.

Reply 2: Thanks for your comment, we improved the text accordingly.

Comment 3: The methods section is absolutely lacking. there is not information of the type of search performed or how many years it encompassed, or if specific papers were excluded. this need to be written better to understand the paper better.

Reply 3: Thanks for your comment, we improved the text accordingly adding methodological details as suggested.

Comment 4: In multiple areas the authors used abbreviation before defining them i.e page 1 line 16 APC. Page 9 Line 20 LN. Page 6 line 5 RTC

Reply 4: Thanks for your comment, we improved the text accordingly.

Comment 5: The authors interchange a type of technology for a trade marked name. they should select one way and stick to it. i.e. EndoRotor vs endorotoc, vs EndoRotor® Endoscopic resction

Comment 5: Thanks for your comment, we improved the text accordingly.

Reviewer C:

This is the review article of novel endoscopic ablative treatment for neoplastic Barrett esophagus.

Several new modalities were released to be used for patients of Barrett in clinical, preliminary results were published. Randomized trial is warranted to clarify the efficacy and safety of new modalities, and these methods should be organized in clinical treatment decision tree in the future.

Comment 1: The indication criteria of ablation treatments, and recommended standard of care should be rearranged in the new chapter referring some guidelines, not only narratively described.

Reply 1: Thanks for your comment, we added a dedicated table to present current guidelines (Table 1).

Comment 2: The advantage of Cryo-ablation must be the less pain procedure comparing with RFA. They should describe these kind advantage of new modalities.

Reply 2: Thanks for your comment, we improved the text accordingly and reported this in Table 2 as well.

Comment 3: It is hard to understand the reason of low risk rate of post-procedural stricture after the treatment using Endorotor. This treatment is the endoscopic resection, therefore risk of stricture must be relied on the proportion of removed mucosal area to the whole circumference of the lumen. Authors should discuss about the description of the risk of stricture using this modality.

Reply 3: Thanks for Your comment. The explanation of a low risk rate is of post-procedural ,present in the pilot study, is reported in the text: “the absence of thermal delivery is a potential strength in terms of lowering the occurrence of post-treatment strictures”. We further commented on that in the conclusion paragraph, as you suggested.

Comment 4: The most important disadvantage of conventional thermal ablation therapy is the buried dysplasia or durability of treatment efficacy. They should discuss about the possibility of overcome these weak points when using novel modalities.

Reply 4: Thanks for Your comments, we improved the text adding a comment on that in the conclusion section.