

Peer Review File

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We would like to thank the reviewer and the editorial office for their constructive comments. We have addressed all the comments and feel that the manuscript is now much improved. We provide below a point by point response. We hope that the revised version of the manuscript is suitable now for publication in *Annals of Esophagus*.

Comment 1. This manuscript described about Barrett's Endoscopic Therapy. But This title is not suited for this article. Because the authors described about endoscopic therapy, surgical therapy and chemotherapy. Please change the article for adequate this article. Only Barrett's is not also suited title terminology. Barrett's Esophagus and Barrett's Esophageal Adenocarcinoma are correct.

Response 1. Many thanks for this appropriate comment, which reflects also the comment from the editorial office. Although we mainly focused on endoscopic therapy, we encountered in our literature review certain medical and surgical treatments that are closely related to the endoscopic treatment and were worth inclusion in our work. We agree that "The future of therapy of Barrett's esophagus and related cancer: a narrative review" is better suited to our article. We have changed the title accordingly.

Comment 2a. The authors described about references, 13 and 14. I recommend the data from NGS should be added in this article.

Response 2a. We have added some relevant elements from the sequencing data as suggested, at Page 3 line 61-68

Comment 2b. PPI treatment was discussed about for many article and long periods. The authors should add more references about PPI

Response 2b. We have added more references of two more recent studies which have not been included in the meta-analysis already cited (page 4 line 71)

Comment 3. The author described <A detail discussion of novel imaging modalities ...>. I recommend add the references about this description

Response 3. We have added a reference of a review where the reader can learn more about this topic which is outside the scope of the article (Page 6, line 162)

Comment 4. I recommend that the author should comment about buried Barrett's neoplasm. It was not enough.

Response 4. This is an important point. We have added a sentence on the issue of buried neoplasm at page 8 line 207-210

Comment 5. The future of endoscopic resection. I recommend the author should add the references about dysplastic field

Response 5. Many thanks. We have added references at page 10 line 278

Comment 6. I recommend that good or moderate should be described according to the WHO classification. And risk of histology on nodal metastasis in detail was reported by Ishihara R et al on 2019. Please check this reference and comment in this article

Response 6. Many thanks for these important remarks. We have added a Ref to the WHO classification in support at Page 11 line 332. We have also commented on the Ishihara paper and added reference at page 12 lines 344-346

Comment 7. L31, 8-9% was not low risk. Please consider about endoscopic therapy for early gastric cancer. Endoscopic therapy for T1b cancer was more progressive for colon cancer and gastric cancer. The author should describe about why 8-9% was low risk, compare about surgical death or 5 years survival rate.

Response 7. We appreciate that “relative low” is not a scientifically sound expression and have removed this and rephrased the sentence at page 12 line 339-341

Comment 8. L9, please describe about the risk of poorly differentiate adenocarcinoma component

Comment 8. Thanks for the comment. We have commented on this at Page 12 342-343 and added a ref from Ishihara et al 2017

Comment 9. Conclusion. L23 in this article there was no comment about diagnosis. This line was not suited for conclusion. Endoscopic therapy is correlated to diagnosis. I recommend the authors should comment on endoscopic diagnosis for endoscopic therapy

Response 9. We agree with the reviewer that endoscopic therapy is strictly interconnected with endoscopic diagnosis. However, since the topic of this review is therapy of Barrett’s esophagus, given that space restriction we think that endoscopic diagnosis deserves a separate article.