

Peer Review File

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Reviewer A

Thank you for giving me an opportunity to review this article. This is the narrative review of endoscopic technique for benign esophageal tumor. There are several methods to remove small to medium sized benign submucosal tumor in esophagus, it must be useful for readers when this review can organize the selection criteria of these treatment methods.

Thank you so much for your thoughtful review and valuable comments

1. I could not understand the definition of benign esophageal tumor in this paper. The strength of this review is the description of endoscopic treatment of SMT, therefore I would like to recommend that authors should focus the treatment for esophageal SMT.

We appreciate your valuable input. We added a paragraph to the method section clarifying how we selected benign esophageal tumors with no malignant potential (Leiomyoma, Lipoma, Schwannomas, etc.). The editor of this particular issue in AOE requested to incorporate benign and least aggressive esophageal tumors and to exclude Barrett's esophagus.

Regarding the second point, please note that we prefer to keep non-SMT benign esophageal tumors for completion and their endoscopic resection need in symptomatic patients

2. In our clinical practice, most of SMT less than 1cm is followed without any intervention, authors should describe the indication criteria of endoscopic treatment based on the findings of endoscopy, endoscopic ultrasound, and histological character.

Great point. We will clarify more regarding the indications for resection and adjust the figure. Since it's a review of technique and utilization in the literature paper, we did not elaborate in length regarding indications

3. The description of EMR can be removed in this review article, because EMR must be difficult to indicate for SMT.

We appreciate the recommendation. Please note that we prefer to keep EMR use since it's reported success in the literature in benign esophageal tumor resections

4. Authors should refer the larger volume of treatment results of each procedure, and they should organize the advantage and disadvantage of each procedure.

Thank you so much. We did try for each technique to report major advantages and limitations. We added more details in the revised manuscript

Reviewer B

This literature review briefly summarizes the endoscopic treatment of benign tumors of the esophagus. This is a well-written article; however, this study has some limitations as follows.

Thank you very much for your time and review. It really helped us improve our paper

<Major>

1. Benign esophageal tumors rarely require endoscopic resection because they have no subjective symptoms. In the articles you reviewed, the reason for the treatment should be clearly stated. In addition, the authors should specify when you believe benign esophageal tumors should be resected. We agree on this point. Symptomatology is a major determinant for benign esophageal tumors. We clarified that in the text and adjusted the figure

2. Is it necessary to resect benign lesions less than 2 cm in size? If so, is it considered a lesion with malignant potential, and is it reasonable to choose EMR in that case?

Benign, non-expanding, asymptomatic, <2cm masses can likely be observed. Since the invited article was mostly requested to cover the technical aspect, we did not focus on details on indications but will add more in the revised manuscript clarifying that

3. In Table 1, why is the section on “Technique” marked NA? If you select such an article, it will be less reliable.

Kindly note that some papers did not specify details regarding the use of certain procedural specific additional techniques like snare use in EMR and thus we reported as not available. We clarified that in the table.

4. Water-jets are useful for securing the field of view during bleeding and have the advantage of buoyancy due to water pressure to help the scope get under the lesion.

Thank you for your comment. We added that to the manuscript

5. Counter-traction is important in the endoscopic treatment of submucosal tumors. Detailed descriptions of counter-traction are lacking.

Sure. We will ensure to include a paragraph to clarify in the descriptions of the techniques

6. Since this is a review about endoscopic procedures, more detailed descriptions of the contents of endoscopic procedures should be included. For example, detailed descriptions of the local injection are sometimes included and sometimes not, depending on the procedure, which is not consistent. I would like to see a comprehensive description of details such as endoscope selection, types of attachments, recommended device types, and settings for radiofrequency devices.

We would be happy to add more descriptions about the techniques however we are limited with the article word counts requirements. We added in the tables what techniques were reported in included papers. Since the primary goal of the paper was descriptive use of the technique and literature review of their use, we are afraid that adding more details regarding specific devices might get us out of the recommended paper length. We referenced a recent paper with an update on described devices and tools that we hope will be helpful for the reader to refer to if needed. We thank you again for your excellent review and input.

<minor>

1. I point out grammatical error in P.10 L.234. Few cases...→A few cases...

Thank you. This was fixed

Reviewer C

Overall, I found the article well written with clear thought process and solid search methodology. Minor edits on the text are included (as attached).

Thank you so much for your through review. All edits recommended were implanted in the text