Peer Review File

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Reviewer A.

1. The title is 'Endoscopic tissue approximation in clinical practice and the overstitch device'. It is better to provide the photograph of devices in clinical setting. If so, the reader can image the utility of such devices more easily.
2. The authors described the applications, such full thickness gastrointestinal defects, stent anchoring, GERD, myotomy, and so on. Please provide the endoscopic view(photograph) in each practical procedure. Such images will help the readers to understand the utility of these devices.

We would like to thank Reviewer A for his favorable review. We agree with the respected reviewer that such representation would be helpful for the reader to clearly imaging application of the devices in clinical practice. All mentioned application are represented in the video, accompanied this publication. I hope the reviewer A would be able to review the video and am confident that would satisfy his concerns.

Reviewer B.

Reviewer B provided several points to be improved in the text.

Likewise, we are thanking Reviewer B for his valuable feedback and support of our work.

1. Regarding Full Thickness Gastrointestinal Defects, the author lumped a wide variety of applications together. In light of the pathophysiology, it would be easier to understand if the acute and non-acute cases are described separately. In the case of acute cases, I am of the opinion that it is necessary to add some comments on whether through-the-scope clipping is indicated or not, and what the success rate is.

We appreciate for bringing to our attention issue of acute and nonacute defects management. We addressed it by further subdividing the section in to two subsections – acute and non-acute defects, and added more information about through the scope clips.

2. As for the treatment results using the suturing system, only the advantages of the system are mentioned, but there is no comment on the disadvantages and adverse effects of using the system.

In the paragraph 2, Reviewer B pointed out lack of description of disadvantages of the use of the suturing system. We agree with this criticism and addressed it by adding information about the disadvantages of the suturing system into the section.

3. In the case of stent anchoring, how long does it take for suturing, and what is the evaluation of the migration that occurs even after suturing in 16-17% of cases? Also, what are the negative aspects and adverse effects of suturing? It is necessary to describe them.

In the paragraph 3, Reviewer B questions time requirements for the stent anchoring. Unfortunately, time expenditures for the stent anchoring are not reported in the available literature. As such we are unable to include it, however have made a reference to a personal experience.

4. With regard to GERD, the author stated that funnel creation using overstitch is effective in treating GERD after esophagectomy, but there is no information on how many cases were investigated, how effective it was, how long it took, and the adverse events.

In paragraph 4, Reviewer B questioned details on the overstitch use in GERD management after esophagectomy. We appreciate this valuable feedback and further clarified that it was a small animal study with 4 pigs, the median operating time was 43 minutes, and that the authors did not see any adverse events.

5. Concerning the paper by Pescarus et al. in POEM, the author does not mention whether suturing was useful or not in the end.

In paragraph 5, Reviewer B questions details of cited paper Pescarus et al. We agree with this concern and updated the section, providing more details from the original paper.

6. As mentioned in the introduction, “these advancements in endoscopic technologies and devices have allowed for innovations in the management of a wide variety of esophageal conditions.”, isn't the author talking about esophageal conditions in this paper? Bariatric Weight Loss, the final application, is a different area. In addition, if you are going to expand the scope of discussion, you should also add information on how to stop bleeding when encountered gastric ulcer bleeding.

In the six paragraph Reviewer B pointed out expansion of the paper to include bariatric indications. We agree that this is somewhat broader indication than pure esophageal conditions, however still is considered a part of the foregut realm. In addition, it serves the purpose of endoscopic suturing application and modern advancement illustration and we believe is valuable addition to presented information. We would like to forgo the control of bleeding ulcers review as the topic is completely outside the scope of this review.

7. The Resolution 360TM (Boston Scientific) is introduced, and I think its greatest feature is that it can be regrabbed. This point needs to be mentioned.

In the seventh paragraph Reviewer B pointed another advantage of the Resolution clip and we included that in the section.

Reviewer C.

We appreciate Reviewer C for their high valuation of out work.

1. One comment about the TTS clips, the authors stated Boston 360 clips are superior with one cited article, however this is debatable. There are many clips from a variety of companies and each has pros and cons and it is difficult to say Boston 360 is the best clip.

In paragraph 1 Reviewer C questions superiority of the Resolution 360 clip. We agree, that many excellent devices available on the market and each one have unique set of strengths and weaknesses. In our clinical practice we strongly prefer Resolution system for its ability of precise rotational control of the tip, that we find superior to any other system. We clarified in the text our personal bias in this regard.

2. Would recommend adding X tack figure.

In paragraph 2 Reviewer C requested to add X-tack image to the paper. We agree with this recommendation and have obtained permission and added it to the text.

3. There is one figure with both double channel and single channel overstitch devices and would recommend to separate the figure or put indicator to distinguish those two.

In paragraph 3 Reviewer C recommended separating and clearly distinguishing various generation of overstitch device. We appreciate this valuable point and updated the image in accordance with this recommendation.

Reviewer D.

We thank Reviewer D for time spent working on our paper.

1. May consider added clinical practice of these device in your medicine institute and newly idea for future innovation.

Reviewer D recommended adding illustration of clinical application of these devices. We agree with this idea and believe it is already clearly represented in the included video.