

Peer Review File

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Reviewer A

Comment 1: I also think its hard to establish a diagnosis based on one patient and I think more review of data sets or a larger patient population is required.

Reply: I agree with you. However, as this is the first case, as well as the only one case we came across until now, so we wrote this case report the share this specific type of gastric adenoma. Actually, a similar case has been published (Clin J Gastroenterol 2017; 10: 224-228), however, adenoma has progressed into adenocarcinoma in the case. What's more, the final diagnosis of this specific type was reached after discussion with several pathologists (Songqing Fan, Lei Shi and Chengjun Zhou) and gastroenterologists (Yuyong Tan, Deliang Liu, Chengbai Liang and Kuangi Fu), all of whom are good at diagnosis and treatment of early gastrointestinal carcinoma and precancerous lesions.

Comment 2: The grammar needs to be rechecked as there are several errors throughout the entire manuscript.

Reply: Sorry for the carelessness. We have carefully gone through the whole manuscript and sent the manuscript for English editing. Now the manuscript has been prepared for better readability.

Changes in the text: see the manuscript by using different color.

Reviewer B

Comment 1: In discussion part, explanation of diagnostic efficacy of EUS seems to be verbose. Over-diagnosis in this case is not informative to readers.

Reply: Thank you for your suggestion. We have deleted this part in discussion in the revised manuscript.

Changes in the text: see page4-6.

Comment 2: WHO classification of tumors 2019 has been already published. Please refer to the latest version.

Reply: Thank you for your suggestion. We have modified our text as advised

Changes in the text: see page4, line 83.

Comment 3: The clones of antibodies should be shown in the manuscript, the figure legend, or a supplementary file

Reply: Thank you for your suggestion. We have provided the information of antibodies in the supplementary file.

Changes in the text: See supplementary file in the revised manuscript.

Comment 4: The words of title in Figure 5 may be mix-connected.

Reply: Sorry for the carelessness. We have modified our text as advised

Changes in the text: see page1, line 227-235

Comment 5: The photos in figure 5 should be reordered.

Reply: Thank you for your suggestion. We have modified our text as advised

Changes in the text: see page 1, line 220-234

Reviewer C

Comment 1: Recently, any type of gastric adenoma and adenocarcinoma is newly reported. At first, authors should summarize characteristic of these tumors in relation with expression of MUC 2, MUC 5AC, MUC 6, proton pump, and pepsinogen I. In addition, authors should make Table as different diagnosis between this case and others.

Reply: Thank you for your suggestion. We have modified our text as advised

Changes in the text: see page5, line101-106 and the table 1.

Comment 2: Please check reports, such as Kushima, et al (Gastric Cancer (2006) 9: 177–184)

Reply: Thank you for your suggestion. We check some reports and add some relevant data.

Changes in the text: see page 5 line 101-106.

Comment 3: Authors should show the entire tumor with a loupe statue

Reply: We have modified our text as advised

Changes in the text: see figure 4

Comment 4: EUS showed mosaic pattern with high and low echoic pattern. What did this show?

Reply: This is a good question, and thank you for your bringing it up. EUS did show mosaic pattern with high and low echoic pattern. We also did not know the exactly meaning of this pattern, maybe it was because of the mixed types of cells in the lesion. And the pathological results also excluded other problem.

Comment 5: As authors suggested, EUS revealed that the lesion mainly restricted to the mucosa layer with suspicious submucosal invasion. How about final pathological evaluation after ESD?

Reply: This is a good question, and thank you for bringing it up. Histological results revealed that the lesion restricted to the mucosa layer without submucosal invasion.

Changes in the text: see page3, line 65-69

Comment 6: *Helicobacter pylori* should be written by italic

Reply: Thank you for your suggestion. We have modified our text as advised

Changes in the text: see page3, line 60

Comment 7: Discussion was too long. Please delete one third

Reply: Thank you for your suggestion. We have modified our text as advised and deleted the discussion of EUS

Changes in the text: see page 5-6

Comment 8: Please delete Figure 1B, 3A, and 4

Reply: We have modified our text as advised

Comment 9: Figures 2B and 5G are not clear. Please revise

Reply: Thank you for your question, we have changed the fig 2B, however, for the fig 5G, this is the clearest picture we have found.

Changes in the text: see the figure 2B

Comment 10: How about association with *H. pylori* infection and a new subtype of gastric adenoma

Reply 2: *Helicobacter pylori* detection was negative within the lesion

Changes in the text: page4, line 74

Comment 11: Figure 5 was used different pathological specimens. Therefore, it is unclear whether gastric adenoma was stained.

Reply: Thank you for your suggestion. We can see the gastric adenoma in the fig 4. We have modified our text as advised

Changes in the text: see the figure 5
