Response to reviewers’ comments

We wish to express our appreciation to the reviewers for their insightful comments, which have helped us significantly improve this paper.

Reviewer A:

1 This is an interesting article from a well renowned centre from Japan. Comparing endoscpoic resection with radical surgery in the remnant stomach is not easy since the numbers will be small. There are several limitations to the study in view of its retrospective nature. however, they seem to have good long-term follow-up data that strengthens this. The authods are very specific about the duration of endoscopic procedure (insertion of scope to withdrawl) and surgey (e.g. incison of skin to closure). How is this data collected in a retrospective study? Do they routinely do this in their institiution and how theye are recoded. This is unbeleivable to me. Thney need to clraify this. although I accept surgery will take longer especially completeion radical gastrectomy.

Response: For endoscopic procedure, we routinely take at least one picture at the esophago-gastric junction before scope insertion to the stomach and at least one picture of post-ESD ulcer just before scope withdrawal from the stomach, thus the ESD time was calculated according to time of a clock on the screen. Time of surgical procedures such as start of operation or wound closure were documented on a operation record, thus operation time was calculated in reference to the operation records. We have changed the sentence (p. 5, lines 6): “In the ER group, operation time was measured from the insertion of the endoscope until its withdrawal, in the surgery group, from beginning to make a skin incision until the end of skin closure.” to “In the ER group, operation time was measured from the insertion of the endoscope to the stomach until its withdrawal. We routinely take at least one picture at the esophago-gastric junction before scope insertion to the stomach and at least one picture of post-ESD ulcer just before scope withdrawal from the stomach, thus the operation time in the ER group was calculated according to time of a clock appeared on the endoscopic image. In the surgery group, operation time was measured from beginning to make a skin incision until the end of skin closure by reference to operation record in which every operation procedure and time were documented.

2 Otherwis etheer are some minor grammatical errors that can be corrected with English language correction. Please correct the summary box as below: In patients who are suspected to have SM2 invasive early gastric cancer in the remnant stomach, our findings indicate that radical surgery is necessary.

Response: This error has been corrected in accordance with the reviewer's comment.

Page 12, line 16, Summary box. We have changed the following sentence;

“In patients who are suspected SM cancer of early gastric cancer in the remnant stomach, our findings indicate that radical surgery is necessary.” to “In patients who are suspected to have SM2 invasive early gastric cancer in the remnant stomach, our findings indicate that radical surgery is necessary.”

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Reviewer Β:

Minor grammatical corrections:

Page 3 line 11

The Japanese gastric cancer treatment guidelines [7] state that the absolute indication for ER is differentiated intramucosal cancer ≤20 mm in size without ulceration, harboring very small possibility of lymph node metastasis, and thus suitable for en bloc resection.

Response: This error has been corrected in accordance with the reviewer's comment.

Page 3, line 11, Discusion. We have changed the following sentence; “The Japanese gastric cancer treatment guidelines [7] state that the absolute indications for ER are differentiated intramucosal cancer ≤20 mm in size without ulceration, very small possibility of lymph node metastasis, and suitable for en bloc resection.” to “The Japanese gastric cancer treatment guidelines [7] state that the absolute indications for ER is differentiated intramucosal cancer ≤20 mm in size without ulceration, harboring very small possibility of lymph node metastasis, and thus suitable for en bloc resection.”

Page 9 line 9

The Japanese gastric cancer treatment guidelines consider SM2 invasion as not curative with ER and recommend additional surgical resection.

Response: This error has been corrected in accordance with the reviewer's comment.

Page 9, line 9, Discusion. We have changed the following sentence; ” The Japanese gastric cancer treatment guidelines consider SM2 invasion denotes that curative resection is not possible with ER and recommend additional surgical resection [5].” to “The Japanese gastric cancer treatment guidelines consider SM2 invasion as not curative with ER and recommend additional surgical resection [5].”