Reviewer’s report

Title: Multiband mucosectomy versus endoscopic submucosal dissection and endoscopic submucosal excavation for GI submucosal tumors: short and long term follow-up

Version: 0 Date: 30 Nov 2018

Reviewer: Ryan Thomas

Reviewer's report:

Jin et al present a retrospective single-institution experience on three different techniques for the endoscopic resection of mucosal and submucosal tumors of the esophagus and stomach. The manuscript is fairly well written and provides useful data for physicians treating such neoplasms. There are several issues that should be addressed prior to publication:

Major

1. I suggest including in the Introduction more background info on each of the endoscopic resection techniques (typical inclusion/exclusion criteria), general technique, etc to give the reader a framework for discussion and the paper. The Methods could then be better organized regarding the techniques. Afterall, why refer the reader to publications for ESE but not the other techniques?

2. Operating length should be documented as more than just start of operation to specimen removal. It should be until withdrawal of the endoscope and formal termination of the procedure. Using simply the removal of the specimen does not take into account any additional hemostasis or reapproximation of the mucosa that may be necessary and performed after specimen removal. The reported times are likely under reported and not representative of the true time - please correct.

3. Please clarify the specimen diameter for MBM specimens - given that MBM had a lower en bloc resection rate implies piecemeal resection and clarity is needed if 14.8mm is for the total MBM specimen (addition of all fragments) or just the largest portion respected.

4. In the Results section (pg 8, line 12-26) should be clearer in the description of what the results of the complications were (transfusion, return to OR, etc).
5. Discussion section needs to be re-written - it is too long because most of the information is redundant to what already was presented in the Results section. Should provide a more in-depth and meaningful discussion of current literature in this area.

6. Baseline characteristics table (table 1) needs to be expanded to include the various cohorts with statistical analysis between groups. Without this, one cannot determine if findings on the univariate and multivariate analysis are due to actual differences or because of inadequate matching of cohorts.

7. Why were all of the univariate factors entered into the multivariate analysis? Factors that were not significant should not have been entered into the model as this would skew the data based on the non-significance of these factors.

Minor

1. Several spelling and grammatical errors need corrected

2. It appears (although it may be the generation of the PDF file) that there are extra spaces between many of the words that should be removed.

3. Page 4, line 26 "...respecting GI SMTs..." would refer to the entire gastrointestinal tract which I do not think the authors imply. Suggest clarifying.

4. The figures are not helpful and do not add to the paper. Suggest removing all of them and focus on the tables of patient info (see additional major critique above).

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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