Response to Cancers reviewer #3 (round 2)

The reviewed manuscript is improved. However, the authors have not yet addressed all my suggestions.

1. It is important to examine and show the advantages of the tandem endoscopy, including cost, procedure time, tolerance, and safety (complications) as the next step. I recommend that the authors comment the future prospect in the manuscript.

   I agree fully with the reviewer that costs, procedure times, tolerance, and safety are paramount. We have shown in this work that tolerability and safety were preserved in all our subjects, with no complications. Our approach involves longer upper endoscopic and photo documentation, together with extensive histologic tissue acquisition (minimum 10 samples), but it is certainly longer (more than 9 minutes) than the standard of practice endoscopy (typically 4 minutes). The costs are not different since they are based on predetermined CPT codes. Ideally, these questions will be addressed -hopefully- in a prospective randomized trial of tandem v. non-tandem approach.

2. Results and Discussion seems redundant. Treatment and clinically-unimportant endoscopic findings such as fundic gland polyp should be more summarized, focused on the findings related to premalignant and malignant lesions. In addition, the results regarding stomach can more summarized, without separating each region.

   I share the reviewer's sentiments aimed at shortening the paper. I tried to provide the endoscopic and histologic data in detail to emphasize the importance of regional gastric endoscopic and histologic sampling in the context of upper endoscopy, not currently practiced meticulously, potentially permitting errors of omission. The perceived redundancy in the discussion is intended to highlight that, for a foregut cancer screening to be useful and effective, a detailed effort needs to be implemented and routinely practiced. For this work to be generally accepted and implemented in practice, it will be important to examine to what degree our endoscopic and histologic findings were clinically significant (actionable), innocuous, or harmful and highlight their relative importance. Fundic polyps are common (9.8% in our cohort) and benign, with little malignant potential, but their prevalence has been increasing with the widespread and frequent use of PPIs. Histopathology is necessary if endoscopic findings different from ordinary FPs are noted, and this deserves emphasis.