



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: EMR-revision 2.5.docx)

Title: What Can be the Criteria of Outpatient-based Endoscopic Resection for Colon Polyp?

Author: Hyung Hun Kim, Sung Eun Kim, Eun Joo Cho

Name of Journal: World Journal of Gastrointestinal Endoscopy

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We would like to thank the reviewers of *World Journal of Gastrointestinal Endoscopy* for taking the time and effort to review our manuscript. Your editorial staffs have provided us with a comprehensive and prompt review. All of the valuable and constructive points that the reviewers pointed out have been taken by the authors. We have performed additional investigation and made some revisions in hope of improving our paper according to the reviewers' comments.

To respond to the comments of the reviewers and clarify our manuscript's point finding and points, we comment

The specific revisions and corrections made in response to the reviewers' comments are as follows:

--Reviewer A-----

This study is to evaluate the possibility of delayed bleeding according to specific situations of risk factors to understand conditions in which outpatient-based can be performed.

This is very important study. There are some questions.

1. You abbreviate endoscopic resection to EMR in Abstract. EMR is endoscopic mucosal resection. Please write the abbreviation correctly.

→ We appreciate the reviewer's comment. We corrected what the reviewer recommended.

2. "Simple snare resection for a pedunculated type" in Introduction is not EMR. Is it snare polypectomy?

→ We appreciate the reviewer's comment. Yes it is snare polypectomy. We amended the expression as "snare polypectomy".

3. You wrote "After EMR, all patients were hospitalized for at least 18 hours" in Methods. Why did you hospitalize them in spite of the investigation of the outpatient?

→ We appreciate the reviewer's comment. It is a retrospective study to estimate the virtual out-patient based situation. In our hospital, all patients who underwent EMR or snare polypectomy had been hospitalized at least 18 hours after the procedure. After observing this data, we are planning to do out-patient based EMR or snare polypectomy for colon polyps no more than 10 mm. Of course, we are supposed to do prospective study.

4. You wrote "The polyp shapes were classified as either sessile or pedunculated, depending on the presence of a stalk." in Methods. Wasn't there any flat or depressed lesion?

→ We appreciate the reviewer's comment. The nearly flat lesion was very rare and classified as sessile polyp. When a depressed lesion was identified, we did not perform EMR because there is a high probability that it is a cancer. We usually perform ESD for such lesions.

5. Although exercise, drinking, or etc. after going home were raised as an outpatient's bleeding risk factor, why didn't you examine them?

→ We appreciate the reviewer's comment. We carefully noticed all patient that they should not do excise including tracking, drinking, hard working, long distance trip, and etc for two weeks after the EMR. All patients were very careful about this. Interestingly, almost all delayed bleeding occurred within 24 hours after EMR, we they were hospitalized. From this observation, we assumed that management after the practice might not be the major difference between delayed bleeding and non-delayed bleeding groups.

As you can see, we have made major revisions on our manuscript. The revised and added portions of the manuscript are stated point by point in this letter with the response to the reviewer's comments. We have tried our best to abide by the recommendations and comments of the reviewers. We believe that these revisions greatly strengthen our manuscript and hope that this letter meets the requirements of your journal. We thank you again for your constructive and detailed review, and will be waiting for good news in the near future.

Best Regards

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