

Format for ANSWERING REVIEWERS



August 13, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12405-review.doc).

Title: Endoscopic and histologic characteristics of serrated lesions

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The manuscript has been improved according to the suggestions of reviewers and **our answers appear in red in the text:**

1 Format has been updated

2 Revision has been made according to the suggestions of the 5 reviewers

(1) Abstract: in the text are missing summary conclusions and recommendations, what the authors observe or what they want to demonstrate.

We added 3 sentences in the abstract to recap the recommendations and the aims of this mini-review.

Introduction: I recommend modifying this sentence: „in addition, it has been shown that the presence of SP could increase the risk of an advanced stage adenoma by a factor of three ...”
Skip the part of sentence „ by a factor of three”.

We have moved “by a factor of three”.

Table 2: endoscopic follow - up: according to which recommendations (European, American, world consensus, own experience)

We added in the text and as the legend of table 2 the references from **US Multi-Society Task Force on Colorectal Cancer and European Society of Gastrointestinal Endoscopy (ESGE)**

Figure 2 and 3: correct the order in accordance with the order of description files

We have changed the order of the files of figure 2 and 3 page 21 - 22.

(2) In my opinion the great disadvantage is the lack of new information. This topic has been previously published in various publications (e.g. article “Serrated lesions of the Colorectum: Review and Recommendations from an Expert Panel” by Douglas K. Rex et al., or article “Serrated neoplasia of the colon: what do we really know?” by Haque et al.). Although there are marginally mentioned authors own experience with serrated lesions in IBD patients, it is a small amount of new information.

We added more details on endomicroscopic images and we mentioned that there is no study reporting the interest of confocal endomicroscopy (CEM) in serrated distinction between SSA and HP, which appears easier with EMC (p 10), that could make this article more original.

(3) Please include in separate section the endoscopic aspect for each type of polyp described, with special attention and more details about NBI and chromoendoscopy. Comments on pit pattern and NICE classification should be included.

For each type of polyp, we have separated the endoscopic description and added more details about pit pattern in chromoendoscopy, in NBI and in endomicroscopy. We have included comments about NICE classification and pit pattern.

(4) Role of mutations in KRAS and BRAF would be useful to understand the molecular mechanism. For example, how did the signaling pathway change with the mutations? KRAS and BRAF are involved in MAP kinase pathway. Did the mutation cause constitutive activation of the pathway? Figure regarding the pathway would make this review more understandable.

We added 2 sentences in the text and a figure about the interaction with Braf and Kras and MAPK pathway from Patai's article (Patai A, Molnar B, Tulassay Z, Sipos F. Serrated pathway: Alternative route to colorectal cancer. *WJ Gastroenterol* 2013; 19: 607-615.). Therefore, we have added a sentence to explain that the carcinogenesis way is not so simple with probably SSA and HP precursor of TSA, according to a recent study (Kim MJ, Lee EJ, Suh JP, Chun SM, Jang SJ, Kim S, Lee DH, Lee SH, Youk EG. Traditional serrated adenoma of the colorectum. Clinicopathologic implications and endoscopic findings of the precursor lesions. *Am J Clin Pathol* 2013;140: 898-911)

Confocal endomicroscopy seemed useful for the diagnosis of the polyps because it mimicked the pathological specimens. More explanation on confocal endomicroscopy would add some advantage as compared with other reviews.

In the literature, there is no study which has evaluated confocal endomicroscopy in the serrated polyps and that is the originality of this article in which we discuss the interest of this new technology to distinguish HP from SSA according to own experience.

(5) Nice work, but I miss your own experience. There are some pictures, but no information about your setting of patients. Please amend it.

We added in a description of the different lesions with confocal endomicroscopy.

According to table 1 - are it your results? If not, I miss the citation of the source

The table 1 is the summary of the different features of the 3 types of serrated polyps. We have constructed this table.

Table 2 - the same problem

We added the reference from the US Multi-Society Task Force on Colorectal Cancer and have completed with the recommendations from the European Society of Gastrointestinal Endoscopy (ESGE)

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours,
D Moussata