

Answering Reviewers and administrators

Reviewer #1:

Comment. *Management of local recurrence after endoscopic resection of neoplastic colonic polyps* In this editorial, the authors have reviewed and summarized the management of local recurrence after endoscopic resection. They have advised to perform UEMR for relatively small ($\leq 10\text{--}15$ mm) recurrent lesions, and ESD for larger lesions. I think this is a well written paper although there is a few misspelling; also the figures are all appropriate.

Author response: Thank you very much for the comment. That is exactly what we aimed. We asked professional textcheck. We changed “endoscopic mucosal resection” to “endoscopic resection” at 4th line of 2nd paragraph in “MANAGEMENT OF LOCAL RECURRENCE AFTER ENDOSCOPIC RESECTION” section.

Reviewer #2:

Comment. *This manuscript is well reviewed the recent topics of management of local recurrence after endoscopic resection. However, it is better for the authors to clearly divide the data of their own from other hospitals.*

Author response: Thank you very much for your comments. All the published data of references about management of recurrence are cited from previous reports. We will report the data of our own in the near future.

Comment. *Figure 2a and 2b seems the same. Please replace the data of Figure 2b to the one of narrow band imaging.*

Author response: Thank you very much for your comments. We replaced Figure 2b accordingly.

Administrator:

Comment. Also, please check and revise the manuscript according to the CrossCheck report, especially part 1.

Author response: Thank you very much for your comments. We quoted the reference, so it was pointed out by CrossCheck. We modified the sentences of part 1 as bellow.
“The *en bloc* resection rate (47% vs. 16%, $p=0.002$) and complete resection rate (89% vs. 32%, $p<0.001$) were significantly higher in the UEMR group (n=36) than that of the conventional EMR (n=44).¹⁸ Argon plasma coagulation of visible residual lesions during the salvage procedure was less frequently required in the UEMR than the EMR group (11% vs. 66%, $p<0.001$). The recurrence rate at follow-up colonoscopy was significantly lower in the UEMR group (10% vs. 39%, $p=0.02$). In this trial, UEMR was an independent predictor of *en bloc* resection and complete resection, whereas a large recurrent lesion is a negative independent predictor of successful *en bloc* resection and complete endoscopic removal. We therefore perform UEMR for relatively small (≤ 10 –15 mm) recurrent lesions and ESD for larger lesions.”

Comment. Please add 5–10 key words here words that could reflect content of the study mainly from Index Medicus

Author response: Thank you very much for your comments. We added “endoscopic submucosal dissection; underwater endoscopic mucosal resection; polyp; endoscopic resection; fibrosis; non-lifting sign” as key words.

Comment. Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

Author response: Thank you very much for your comments. We revised the references accordingly.