Response to reviewers

Reviewer 1 comment

The authors made a very good meta-analysis about prophylactic clip placement in prevention of delayed bleeding following EMR of colorectal lesions. 1. About thirteen studies included in your analysis, did they mention other methods of bleeding prevention as control group besides prophylactic clip placement? 2. About the issue of "PLAGIARISM", I found 23% of your text matching 23 fragments from 20 sources on the web or in academic databases. This result of 23% was acquired after exclusion of unnecessary parts in your manuscript, e.g. References. Please make a revision of your manuscript with a PLAGIARISM CHECK TOOL.

Response

Thank you for reviewing our manuscript.

1) We excluded studies that compared prophylactic clip placement to other interventions (see PRISMA diagram). This meant all patients in the control group did not have any intervention whatsoever to prevent delayed bleeding. However, immediate bleeding was managed as deemed appropriate by the investigators in each study in both the control and clipping arm.
2) We have reviewed the plagiarism report provided by the journal, and we note that the majority of highlighted text match is from our previously published abstract on the same topic, presented at the United Euorpean Gastroenterology (UEG) Week. The remainder of intersection comes from the wording of the results and methods from a previously published meta-analysis by our group, and does not represent plagiarism of information.

Reviewer 2 comment

This is a systematic review and meta-analysis investigating the role of clip placement in the prophylaxis of delayed postpolypectomy bleeding, focused on lesions > 2cm. This issue is of interest because the putative beneficial effect of clipping in many of the published studies may have been blurred by the inclusion of small lesions and patients with very low risk of bleeding. The authors identify 4 studies providing data about delayed post-polypectomy bleeding (DPB) after EMR of lesions ≥ 20 mm, and show clipping was able to reduce the incidence of DPB (0R 0.24, 95% CI: 0.12-0.50) with very little heterogeneity. Minor comments: - Search strategy: MEDLINE and Cochrane library were reviewed. Searching in other databases like EMBASE would be useful, as it has been shown to retrieve articles that otherwise would be lost, mainly European research. - Statistical analysis: a random effects model was chosen. A comment on why this model was chosen could be advisable. The heterogeneity in the analysis of DBP was very low, perhaps allowing a fixed effects model to be applied. Would a fixed model have shown the same results than the random effects model?

Response

Thank you for your comments, we searched all databases available to us at the time of the analysis. We performed manual searches of references of all included studies and a thorough search of the other

databases and conference abstracts ensuring the broadest assessment of the literature. We selected our statistical methods prior to initiating our analysis.

We chose the random effects model since despite statistical testing revealing minimal heterogeneity in the data in some analyses, the underlying populations in these retrospective studies are heterogenous by definition. The selection of the random effects model in this setting allows the most conservative predicted confidence intervals of the effect of intervention which are most likely to contain the true population effect. We have updated the manuscript to reflect the reasoning for our chosen analytic method.