

## **Responds to reviewers**

Dear editor,

Thank you very much for forwarding the referee's reports on our manuscript, and we also appreciate your advice and encouragement. Following your suggestions, we have revised our manuscript according to the referee's comments point-by-point.

### **Reviewer comments:**

*Question 1. In the section of introduction, the authors showed “hyperplastic polyps (HPs), and sessile serrated polyps (SSPs) (hyperplasia /SSP) are recommended for observation”. However, large or SSA/P with cytological dysplasia has the potential of developing into a carcinoma. Therefore, we can not decide the non-resection for all SSA/P lesions (the terminology “SSA/P” was changed into “SSL” according to the WHO guideline).*

Answer: Thanks for your suggestion. According to the fifth version of WHO, we changed SSA/P to SSL. HP and SSL are classified into the same type in JNET classification and Pit pattern classification, because these two pathological types are difficult to distinguish under endoscopy, and HP accounts for the vast majority, all treatment strategies generally choose follow-up observation. If the lesion is considered to be SSL, it does need to be resected completely, so we added instructions in the discussion section. If the lesion is considered to be JNET Type 1 or Pit pattern type II, we can choose follow-up observation if the lesion is small, and endoscopic resection is still recommended if the lesion is large or tend to enlarge obviously under endoscopy follow-up. These changes have been marked in red in the article.

*Question 2. In the section of the Discussion, they showed “Pit pattern classification is the most frequently used criteria for the detection of colorectal neoplasms”. However, pit pattern classification is useful not for detection but for the accurate diagnosis.*

*Please reconsider it.*

Answer: This is an error, we have made a revision in the article, thank you!

*Question 3. In the section of the Discussion, they showed “Type 2B lesions should be resected en endoscopic submucosal dissection (ESD) to obtain a precise histologic diagnosis concerning the invasion depth and determine endoscopic curability.” However, when the submucosal injection is enough for snaring, smaller cancerous*

*lesions will be preferable for EMR instead of ESD.*

Answer: In most cases, Type 2B lesions were resected by ESD, because ESD is more favorable for complete resection of lesions than EMR. Of course, for relatively small Type 2B lesions, we can also choose EMR. We also added a note in the discussion section.

*Question 4. Generally, large lesion, especially for pedunculated lesions, is difficult to be diagnosed accurately. More discussion about these relationships between the morphology and the pathological findings will be very important for all readers. Please discuss it.*

Answer: In the fourth paragraph of the discussion, we have discussed this issue and have marked it in red font. We have also discussed this issue in more detail here.

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**Editor's comments:**

*(1) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).*

Answer: We provided the approved grant application form. And we also provide the figures as PPT file in the F6Publishing system (Image file), thanks

*(2) Statistical significance is expressed as  $aP < 0.05$ ,  $bP < 0.01$  ( $P > 0.05$  usually does not need to be denoted). If there are other series of  $P$  values,  $cP < 0.05$  and  $dP < 0.01$  are used, and a third series of  $P$  values is expressed as  $eP < 0.05$  and  $fP < 0.01$ .*

Answer: We revised this in the text according to the above comment, thanks.

*The highest single-source similarity index in the CrossCheck report showed to be 13%. The CrossCheck results showed the similarity to be high. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.*

Answer: These repetitive sentences mainly come from a meta, we recently published in World Journal of Clinical Cases, some are the author's contribution, fund and other

non-substantive content repetition, some are similar in methodology, there is less repetition in the main content of the article.

Thank you very much for your attention and consideration.

Sincerely yours,

Hanghai Pan,

On behalf of all contributing authors

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