Reviewer #1

Thank you for your feedback. It has been noted and we have tried to make some amendments accordingly:

- Given the variety of anticoagulant and antiplatelet agents currently available, along with multiple endoscopic procedures we wanted to cover in detail, we felt the manuscript has been condensed as much as possible without impacting its overall quality
- With regards to "what are the new knowledge from this study" – our review largely agrees with most of the current guideline recommendations, but have highlighted the emerging evidence regarding the controversy surrounding HBT use and the potential safety of continuing anticoagulant and/or antiplatelet use in CSP of polyps <10mm, which both were not previously considered in the guidelines. This was highlighted in our bolded recommendations where appropriate. However, we have also added a discussion section and reframed our conclusion to better emphasise this point.
- With regards to "please recommend the readers 'How to apply this knowledge for routine clinical practice?'" – The bolded recommendations for each section, the flowchart (figure 1 and 2), and now the discussion should indicate to the read on how to apply this knowledge.

Reviewer #2

Thank you for your feedback. It has been noted and we have tried to make some amendments accordingly:

#1 – There was limited data on 19G needle use, but we have added a few more articles looking specifically at 19G. It would be that the risk of PPB is not higher compared to both the 22G and 25G needles, but is more difficult to use due to its rigidity.

#2 – From the studies evaluated, bleeding predominantly occurred with sphincterotomy was required for better access. We have highlighted this and referred them to the ERCP with sphincterotomy section. We tried to limit the data to within the last 10 years. At times we used published data from earlier if data was limited. Hence why we did not include the study by Wilcox and colleagues

#3 – Hot biopsy forceps is not commonly used and so was not a focus for our review. However, we have now briefly commented on it in the review

#4 – We predominantly focused on endoscopic dilatation for patients with EoE as it was a particular interest in our department.

#5 – We have now defined DAPT

#7 – Amendments made

#8 – Amendments made

Reviewer #3

Thank you for your feedback. It has been noted and we have tried to make some amendments accordingly:

- We have extended the discussion and conclusion. We feel the article reads and flows much better as a result. Thank you for that recommendation.

Reviewer #4

- We have included an abstract
- Our conclusion has been reframed taking into account your recommendations
- We wanted to include the section looking at the index bleeding risk in common endoscopic procedures in the absence of anticoagulant and/or antiplatelet therapy. Although it makes the article longer, it better allowed us to highlight either the increased bleeding risk, or apparent safety, with anticoagulant and antiplatelet therapy use. This was a high priority for us and we felt it would illustrate the apparent risk for the readers

Science editor:

1. Authors' information, abstract, keywords and core tip have all been added at the start
2. "Author Contributions" have been added
3. Original figure documents have been added to a powerpoint file and tables have been added to another word document
4. Reference list has been fixed accordingly

Point-by-point response to second-round review

Reviewer’s comments

English needs to be polished in the abstract.

Answer

Thank you for the second-round feedback. It is exciting to hear you're mostly happy with the final outcome. We have made amendments to the abstract to address polishing the English. Otherwise, the rest of the article has largely remained unchanged as per the second-round feedback.