

Point by point response

The authors review important considerations and methods to best manage large colonic polyps.

1. Since large polyps significantly increase the risk of canceration and the probability of lymph node metastasis, whether endoscopic ultrasonography should be considered for such polyps.

We thank the Reviewer for the thoughtful review and positive feedback. As suggested, we have added a brief discussion regarding the utility of endoscopic ultrasound in the evaluation of large polyps.

2. There is no mention of the circumstances in which biopsy is required before resection, especially when “if lesion fails to lift”.

We appreciate this important point and thus have added a brief discussion on the use of biopsies prior to resection.

3. Considering the relationship between polyp canceration rate and tumor location (such as colon and rectum), and the relationship between polypectomy method and polyp location, should it be discussed separately?

We thank the reviewers for their question, but for the purposes of this review we believe that a separate discussion of colon and rectum would not benefit the readership and may add excess length to the manuscript; however, in light of comment 1, we have added a brief discussion with regard to rectal lesions being candidates for endoscopic ultrasound (EUS) evaluation, which we believe adds useful content.

4. Please check the REFERENCES. For example, reference 2, the year of publication is missing.

We have reviewed the references and have made corrections as requested.