PEER-REVIEW REPORT

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I want to congratulate the authors for this well written and demonstrative mini-review.

I believe abstract section may be more attractive if you can give details about recent advancements in EMR, ESD, and EFTR techniques and your proposed stepwise approach instead of background information.

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SPECIFIC COMMENTS TO AUTHORS

This mini-review article summarizes the treatment strategy for difficult polyps, including the latest treatment methods. The content of the article is very well written and covers a wide range of topics from treatment selection to the latest equipment. As an additional note, I recommend that tip-in EMR for large lesions be included in the content of the report. Takada, Kazunori, Kinichi Hotta, Kenichiro Imai, Sayo Ito, Yoshihiro Kishida, Tatsunori Minamide, Yoichi Yamamoto, et al. 2022. "Tip-in EMR as an Alternative to Endoscopic Submucosal Dissection for 20- to 30-Mm Nonpedunculated Colorectal Neoplasms." Gastrointestinal Endoscopy 96 (5): 849–56.e3.

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SPECIFIC COMMENTS TO AUTHORS

General Impression In general, this is an interesting manuscript, and thank you for inviting me to review it. However, by thoroughly reading it, I came across several issues that need to be resolved prior to consider this manuscript for publication Major Revision 1) Weaknesses of the currently used classification systems when it comes to the assessment of submucosal invasion should be discussed. Please add 2) What is the risk of metastasis in polyps with submucosal invasion? Please add in text and make a table 3) …However, the best modality for estimating the invasion depth in early colorectal lesions is magnifying chromoendoscopy with crystal violet…. The word "however" should be omitted and please explain the superiority of crystal violet 4) KUDO's classification was developed for magnifying endoscopy. How correct is it to use this classification in non-magnifying dye-less chromoendoscopy? 5) When the SMSA criteria are used for the characterization of difficult polyps please also add morphology 6) Basic techniques of colorectal polypectomy? Are all those different techniques all basic steps for preparing the field for subsequent resection? Please review 7) The authors discriminate between morphology and endoscopic diagnosis. Why? Please discuss 8)

Large pedunculated polyps. Please define 9) The authors classify LSTs in 2 categories. For me, they are classified into 3. Please review and discuss how the type affects our decision to resect. 10) Professional English editing is required throughout the manuscript and adaptation according to the guidelines for authors 11) Difficult polyps are for experts. Yes I agree. What makes an endoscopist expert? Please describe 12) The authors claimed that in this review they will describe helpful strategies and tips for dealing with difficult colorectal polyps. What are the strategies given? What are the tips? Please rewrite accordingly and amend figures 13) We have so many classification systems in the assessment of polyps mentioned and non mentioned in the manuscript. Please review and add a table that would make the comparison when appropriate for major clinical outcomes. 14) In the figure of scissor-type polypectomy, please describe the steps and make a collage of photos that is in line with these steps 15) The authors present several novel techniques such as EFTR. A graphical representation of the technique would save space from describing the technique in the body and concurrently would increase clarity 16) SMSA classification has been shown to be an accurate system that can help endoscopists estimate the complication risk associated with all sort of polypectomies. However it is not presented. It can be of value to be added in this review and concurrently the authors to inform the reader how the manage polyps with an increased SMSA score

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SPECIFIC COMMENTS TO AUTHORS

This manuscript submitted to World Journal of Gastroenterology with the title of "Difficult colorectal polypectomy: technical tips and recent advances" is a comprehensive overview. This article summarized the latest progress, treatment and technical points of difficult colorectal polyps. The quality of pictures and tables is also good. However, there are some common writing irregularities in the article. Please refer to the magazine's submission requirements for modification.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 83546

Title: Difficult colorectal polypectomy: Technical tips and recent advances

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03727179

Position: Peer Reviewer

Academic degree: MD, MSc, PhD

Professional title: Academic Research, Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: Thailand

Manuscript submission date: 2023-01-29

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-03-24 06:45

Reviewer performed review: 2023-03-25 14:23

Review time: 1 Day and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

Happy with most of the changes made. A final comment is for the authors to mention in the manuscript the debatable issues such as the definition of large polyps or the alternative classifications that can be used used in cases where magnification is not available. The detailed description of the LSTs with special consideration when it comes to resection i believe that it would   be of value for the reader so as to acquire a more complete picture for the management of these polyps. Please add. What about the use of non-ablative techniques in the management of colorectal polyps? Can be useful? and When?