

1. The paper's conclusion is that the serum BA profile of patients with colonic polyps differs from that of normal persons. The levels of serum GCA, GCDCA, TCA, and TCDCA in the colonic polyp group are considerably elevated compared to the control group, although the DCA content is lower than that in the control group. Nevertheless, there is a contentious debate over the paper's findings, which suggest that DCA might modulate the intestinal barrier to facilitate the growth of adenomas and the formation of adenocarcinoma. It requires a more comprehensive explanation of the conflicting perspectives mentioned before.

At present, research generally believes that bile acids, as signaling molecules, can induce changes in the colon environment by activating various signaling pathways in the body, thereby regulating the occurrence of colonic tumors. Among them, DCA is widely believed to be related to the occurrence and development of colonic tumors. Currently, most studies have shown that an increase in fecal DCA levels is associated with colonic adenoma and adenocarcinoma. The correlation between changes in serum DCA levels and the development of colonic tumors is not yet clear. Moreover, it is not yet clear whether the trend of DCA changes in feces and serum of the same individual is the same. The research results of this article indicate that the content of serum DCA is reduced in patients with colonic polyps. In order to further clarify the role of bile acid profile in colonic polyps, we need to simultaneously study the serum and fecal bile acid levels of colonic polyp patients and healthy individuals in the later stage.

2. I propose the inclusion of exclusion criteria pertaining to alcohol use, antibiotic usage, and specific dietary components such as bacon. These variables have the potential to influence the formation of colon polyps or alter the composition of serum bile acid profiles.

In the early stage of collecting patient data, this article included numerous indicators, including a history of smoking and drinking. Among them, patients with a history of alcohol consumption accounted for less than 5%, therefore, patients with a history of alcohol consumption were not excluded from the study. Regarding whether the study population has antibiotic usage and specific dietary components such as bacon, we used telephone follow-up to contact relevant patients and further inquire about their diet and medication before undergoing gastroscopy in our hospital. Due to the large time span, most patients were unable to provide accurate responses. Therefore, in subsequent studies related to bile acids, we should clearly record the alcohol use, antibiotic usage, and specific dietary components such as bacon, and include them in the exclusion criteria if necessary.

3. The authors did not provide explicit details on the time and frequency of collecting clinical information.

This study is a retrospective study. The population that had inpatient examinations and gastroscopy examinations at Zhongda Hospital Southeast University between January 1, 2022, and June 1, 2023, was chosen and split into two groups based on inclusion and

exclusion criteria: one group was assigned a colonic polyp, and the other was assigned a normal control. This was done by consulting the electronic medical record system. Gathering demographic data and clinical test results about the research subjects, such as age, gender, body mass index(BMI), alanine transaminase(ALT), aspartate transaminase(AST), total cholesterol(TC), and serum BA profile. Additionally, gathering the pathological characteristics of colonic polyps, including their number, size, location, and whether or not they have a pedicle.

4. The source of the cases cited in the review just up to 2022, authors could consider to increase it up to 2023.

I greatly appreciate the insightful comments provided by the reviewer. Actually, the study data used in this publication was gathered up until June 2023. The writing cycle of this article is relatively long, starting at the end of 2022 and completing in the second half of 2023. Following the completion of the first draft, I verified the data twice, reexamined the study subjects in accordance with the inclusion and exclusion criteria, removed the population that did not match the requirements, and gathered and expanded the quantity of instances. The study duration hasn't been changed, though, according to the manuscript's experimental design section. We appreciate the shortcomings pointed out by the reviewers and have made revisions in the paper.