

Dear Prof Li-Jun Cui

Science Editor, Editorial Office, Baishideng Publishing Group Inc

We appreciate your feedback and the reviewers' comments concerning our manuscript. The comments were constructive toward improving our manuscript. Our point-by-point response to the comment are appended to this letter. We believe that this modification has made the manuscript more clear and consistent.

We hope that the revised version can now be considered acceptable for the publication in World Journal of Gastrointestinal Oncology. Please contact us if you have any questions or require any additional information. We look forward to hearing from you soon.

Sincerely,

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**Point-to-point reply for manuscript (NO. 37558) entitled "Prospective real-time evaluation of diagnostic performance using a single-CCD integrated type endocytoscopy in differentiating neoplasia from non-neoplasia for colorectal diminutive polyps ( $\leq 5$  mm)".**

Reviewer #1

Although the aim of this study to clarify the diagnostic performance of endocytoscopy for differentiation between neoplastic and non-neoplastic colorectal diminutive polyps the number of evaluated polyp is not enough to get conclusion. However, it is well designed and innovative study gives good information regarding endocytoscopy.

We appreciate your valuable comment. As you mentioned, the number of samples was too small to conclude. However, we also believe that this is a precious data before the release of endocytoscopy, and this study is to be an important article for the Preservation and Incorporation of Valuable endoscopic Innovations (PIVI) statement on ‘resect-and-discard’ and ‘diagnose-and-leave’ strategies for diminutive colorectal polyps.

Reviewer #2

1. The first appearance of single-CCD in title, core tip and introduction section, as well as i-SCAN in discussion, should not be abbreviated, please refine them.

Thank you for your comment. We deleted ‘single-CCD integrated type’ in title. Besides, we changed CCD in core tip and introduction to Charge Coupled Device (CCD). We are very sorry to inform you that i-SCAN is probably not an abbreviation. (e.g. Optical diagnosis of colorectal polyps using high-definition *i-scan*: an educational experience. World J Gastroenterol. 2013;19(27):4334-43)

2. In Table 1, please give the comment on the contents of the abbreviation.

Thank you for your suggestion. We spelled out the abbreviation in Table 1 and 2.

3. In Table 2, the authors should give a more detailed explanation, although we know the sensitivity, specificity, accuracy, positive predictive value, and negative predictive value refers to the diagnostic values of EC2 for the diagnosis of adenomas compared to EC1b. It might be better if the authors could change the form to a 2 \* 2 contingency table.

Thank you for your comment. We are sorry that it was difficult to recognize our 2 \* 2 contingency table in Table2. We made the format of Table2 easier to recognize.

4. Small number of cases may result in selection bias that affects the results. It is better to increase the sample size to further confirm the diagnostic value of endocytoscopy.

Thank you for your suggestion. As you pointed out, the small sample size is a weak point in our study. This is because the period we can borrow endocytoscopy was limited. The reports about the diagnostic performance of endocytoscopy are very limited because it has not been released yet. We believe that our data before the launch of endocytoscopy can help to understand the usefulness of endocytoscopy.

Comment concerning language polish:

Our manuscript has been edited by a professional language editing service. The certificate is provided along with the other documents.

CONSORT2010 statement:

As mentioned in our previous email, our study was not a randomized controlled trial, and we didn't compare groups for statistical differences. Therefore, we did not prepare CONSORT2010.

If we should prepare the CONSORT 2010, please do not hesitate to contact us.