Dear Editorial Office,

Thank you and the reviewers for the useful comments and criticisms. Our article has been changed in accordance with the comments of the reviewers. The changes in the manuscript have been highlighted with yellow highlight. The comments are numbered, and the changes are listed below:

Reviewer no ID 06079050 comments:

1. The study only evaluated the risk factors for residual malignancy and lymph node involvement of malignant colorectal polyps. More discussion should be considerate about tumor markers and genes types of malignant colorectal polyps.

   Tumor markers were assessed as per requested. Tumor marker values (CEA or CA 19-9) were available for 37 out of the total 129 patients at the time of endoscopic removal. CEA was elevated in 5 patients, CA 19-9 was elevated in 3 patients, and both were elevated in one patient (this patient also had a more advanced stage CRC beside the T1 malignant colorectal polyp). None of the elevated values exceeded 2xULN values for either CEA, or CA 19-9. None of the patients with elevated values presented with adverse outcomes. Therefore, tumor markers cannot serve as a basis for outcome prediction of malignant colorectal polyps based on our data. This is now included in the revised manuscript.

   Our study primarily aimed to identify potential predictors for long-term outcomes of sporadic malignant colorectal polyps, therefore patients with IBD-associated neoplasia, as well as those with a clinically suspected or verified polyposis syndrome, or hereditary non-polyposis colorectal cancer

based on the Amsterdam II criteria, were excluded from the analysis. During the study period, tumor testing for microsatellite instability was not routinely available for early-stage colorectal cancer.

2. The clinical characteristics about cholangiocarcinoma in table 2 were limited. More risk factors including tumor markers (such as CEA?), microvascular invasion, lymphatic metastasis, etc. should be analyzed.

   As the study deals with malignant colorectal polyps, not cholangiocarcinoma, the characteristics of the former are presented in Table 2. Based on our data, tumor markers (nor CEA, neither CA 19-9) can serve as a basis of outcome prediction of malignant colorectal polyps, as detailed above. This is also added to the revised manuscript. The revised manuscript contains details of univariate logistic regression analysis of potential risk factors, including tumor differentiation, positive resection margins, depth of submucosal invasion, lymphatic invasion, microvascular invasion, and tumor budding. This information was added in Table 2 and Table 5. Table legends were updated accordingly.

3. Limitations of the study including sample size, retrospective study, etc. should be further discussed. Of note, the authors should expand the Discussion section, including a more personal perspective to reflect on."

   The Discussion and Limitation section of the revised manuscript has been updated accordingly.

Reviewer no ID 03479449 comment:

1. Multi-centa procedure data is further required.

Thank you for the comment. We have updated the Limitations and Conclusion

section of the revised manuscript highlighting the importance of further multicentric data on the topic.

Sincerely,

Anna Fábián