

Format for ANSWERING REVIEWERS



January 10, 2015

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 13783-review.doc).

Title: Accuracy of endoscopists' estimate of polyp size: A continuous dilemma

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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 13783

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revisions have been made according to the suggestions of the reviewers:

A. Reviewer one:

Title: The title should better reflect the content of the manuscript rather than referring to a proposed solution that was not addressed in this study.

Answer (A): The title was changed and highlighted.

Abstract: Acceptable Introduction: Please correct the third last and final sentences.

A: Correction was made and highlighted.

Materials and Methods:

(1) Given the size of the department and the duration of the study, why were there so few patients? The inclusion and exclusion criteria must be explained in detail.

A: A detailed explanation was implemented in the methods and highlighted.

(2) How were the visual estimates of polyp size performed? Was there comparison to the closed biopsy forceps for example?

A: Visual estimation was done by the endoscopist for snared polyps and in comparison to open forceps for excisional biopsies. Revision was made/highlighted accordingly in the methods.

(3) How was the pathologist estimation of size performed? On the macroscopic measurement at the cut-up bench? On the glass slide?

A: The macroscopic measurement was done at the cut-up bench. Added to methods and highlighted.

(4) What influenced the decision to use the different methods of polypectomy?

A: Polyp size and its attachment. Added and highlighted.

Results:

(1) If you are including demographic data and method of polypectomy in the results then this needs to be explained in the materials and methods. For example: Demographic data was collected from... The method of polypectomy (include potential methods) was recorded for all cases.

A: Methods were revised as advised and highlighted.

(2) It may be useful to know which measurement was used to inform the surveillance guidelines. Most gastroenterologists use their own measurement. Is this the case at your institution? If so, how often would using the pathological size have changed the surveillance interval?

A: In our institution, we still rely on our own estimates in determining the surveillance interval like most gastroenterologists do. However, with these results, we are implementing the pathological size in decision making about surveillance. Once it is implemented, we are planning to investigate the resulting change in surveillance interval in a prospective study. In this study, the intended endpoint was not to investigate how often an interval can be changed by the pathologist measurement but rather to investigate the general discrepancy between pathologic and endoscopic reporting of polyp size.

(3) There is a significant difference in accuracy of polyp size estimate depending on the method of polypectomy. Expanding on the above comments, is this related to a difference in method of visual estimation of polyp size when a snare is employed versus biopsy forceps (where the closed forceps provide some reference to size)?

A: The difference in accuracy depending on the method might be explained by the fact that there is no reference to size (no forceps) in case of snared polyps. However, those visual estimates were agreed upon by the faculty gastroenterologist who was supervising the cases done by the fellows. The aforementioned faculty is two experienced gastroenterologists with more than 15 years of experience so we don't expect the interoperator variability in visual estimates to be significant.

(4) This is not obligatory, but it would be interesting to have breakdown of the polyps by pathological type (i.e. conventional adenomas versus serrated polyps). Expanding on this it would be interesting to know if there was more discrepancy in size estimation for serrated polyps than conventional adenomas.

A: No serrated polyps were found in our cohort.

B. Reviewer two:

Pg 9- line 2 there is a typo as there is no number before the "cm by pathologist"

A: Number was added and highlighted.

3. References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,

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