

Response to reviewers

Reviewer 1

1. All lesions showing Kudo's pit pattern type V were excluded from the study. When we start the study, it was the time when we first adapt advanced endoscopic diagnosis and ESD technique. At that time, we cannot confidently differentiate Kudo type Vi versus type Vn. As a result all type V lesion were managed as malignancy and excluded from the study.
2. American Joint Committee on Cancer (AJCC) classification is conventionally used by our pathologist for reporting large bowel cancer, therefore we are not using Vienna classification. Any lesion with cancer cells extending through muscularis mucosae into the submucosa is regarded as malignant. Cancer cells confined within the glandular basement membrane (intra-epithelial) or mucosal lamina propria (intramucosal) is defined as Tis. Intramucosal cancer is not malignancy according to AJCC classification.
3. ESD can resect cancer, as shown in our study, 4 out of 9 malignant lesions were resected by ESD. The paragraph under "Result" was revised to avoid confusion.
4. It was a typing error about the Indigocarmine concentration, which was corrected to 0.4%.

Reviewer 2

1. According to current evidence, there is no consensus throughout west and eastern world concerning the standing management of the lesions of concern. In localities where ESD technique is not well established, colectomy is still the standard management. In fact, our study has proved the benefit over ESD over laparoscopic colectomy for those endoscopically benign lesions, it provided evidence to support change in management strategy of early colorectal neoplasia in these areas.

Reference:

- a. Lai JH, Ng KH, Ooi BS, et al. Laparoscopic resection for colorectal polyps: a single institution experience. ANZ J Surg. 2011;81:275–80.
- b. Loungnarath R, Mutch MG, Birnbaum EH, et al. Laparoscopic colectomy using cancer principles is appropriate for colonoscopically unresectable adenomas of the colon. Dis Colon Rectum. 2010;53:1017–22.
- c. Jang JH, Balik E, Kirchoff D, et al. Oncologic colorectal resection, not advanced endoscopic polypectomy, is the best treatment for large dysplastic adenomas. J Gastrointest Surg. 2012;16:165–72.

2. Clavien Dindo Grade II is correct.