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Revisions

All suggestions made by the reviewers have been included in the final manuscript and are highlighted in yellow.

Reviewer 1 comments

"The authors described about pathological and molecular characteristics of traditional serrated adenoma (TSA) and the relationship of TSA with other colorectal polyps, as well as its potential as a neoplastic/dysplastic lesion. The manuscript is well written and I have nothing to comment except for a writing error in Page 5, line 6. [Figures 1a-d]→[Figures 1a-d]."

We have corrected made the changes to the brackets.

Reviewer 2 comments

"Thank you for the opportunity to review this manuscript. The review is succinct and well written and addresses the major current issues pertinent to TSAs. I have only a few minor points. In the "Core tip" section it would be better to also mention that the BRAF mutated cancers arising from TSAs are also micro satellite stable. There is a typo in the introduction "Obversely"

- The fact that TSAs are microsatellite stable has been included in the core tip.*
- Obversely is not a typographical error for it is a genuine word, which is defined as "the opposite or counterpart to a fact".*

Reviewer 3 comments

"The manuscript "From Traditional Serrated Adenoma to Tubulovillous Adenoma and beyond" is very interesting; a clarification is needed: hyperplastic polyps can not be considered cancer precursors."

We have excluded the suggestion that hyperplastic polyps are a precursor of colorectal cancer.

Reviewer 4 comments

"Dear Authors, Congratulation for your very interesting paper. Let me suggest minor revisions before publication: - Hyperplastic polyps should not be considered as premalignant lesions for colorectal cancer (abstract, core tip and introduction) - It would be appropriate to specify endoscopic description of TSAs (which occur most frequently in the left colon) - You stated the following "Currently, the biological significance of low grade serrated dysplasia is poorly understood. As such, in practice, it is recommended that only high grade serrated dysplasia be reported"; I think that the most important difference for histological diagnosis between TSAs and adenomas is that the proportion of a lesion that is required to show the characteristic features of a TSA (in contrast to areas showing the appearances of a "conventional" adenoma) in order to make a diagnosis of TSA is not clearly defined yet. Respectfully"

- We have included the endoscopic description on page 5, paragraph 1, lines 1-4.*
- We have already mentioned the aforementioned points on page 8, paragraph 2, lines 1-6.*
- We have excluded the suggestion that hyperplastic polyps are a precursor of colorectal cancer.*