

**Reviewer 00502797**

Since the article mainly refers to the ways of endoscopic surveillance of patients with ulcerative colitis, the title should be changed accordingly. We propose the following title: “\_THE ROLE OF THE NEW ENDOSCOPIC TECHNIQUES IN INFLAMMATORY BOWEL DISEASE CANCER SURVEILLANCE: THE CHANGE HAS COME?”\_. \* If the text is an editorial article, then it should remain in its present format. However, if it is a short review, then it should be divided into thematic sections, e.g. Introduction – aim(s), methods of endoscopic surveillance and analysis of each of them, and finally, conclusions and suggestions to the readers by the authors based on the available data.

Dear Reviewer,

Thank you for your comments and the appreciation to our article. Since it is accepted as an editorial we kept the title and the current format of the article which was edited by one of the WJG editors and polished by the English editors at AJG.

**Reviewer 00183658**

The article is aimed to describe the role of the new endoscopic techniques in inflammatory bowel disease management. The title is “The role of the new endoscopic techniques in inflammatory bowel disease management: the change has come?”. 1. Several factors influence the efficacy of the endoscopic techniques. Some limitations might be occurred? Please discuss these factors. 2. Unfortunately, the authors did not show the cost-effectiveness of this technique. 3. Please also add more details of the limitations of the study. 4. What are the new knowledges from this report? 5. Finally, please recommend the readers “How to apply this knowledge for routine clinical practice?”

First of all, thank you very much for your comments and advices.

We introduced two sections where we discussed the indications, limitations and cost effectiveness of the new techniques.

Our assumptions of cost effectiveness were made based on some work published in other areas-polyp detection mainly, since we found no publication about the cost effectiveness of NBI or FICE/iScan in IBD.

In our opinion HD scopes must be used in all centers; careful examination using WLE and then using the digital chromo available in that particular scope in the unit for targeting biopsies and observing more carefully some selected patients (based on known risk factors and bio markers) is the best approach and we recommend it. I think every user in the routine clinical practice should bear this in mind and it is the recommendation made as one of the conclusions of our article.