

28/06/2018

Dear Editor and Reviewers,

Thank you for the opportunity to be considered for publication in the WJGE. I appreciate your thorough review and apologise for the inaccuracies.

As per the reviewers' comments, please find below our responses addressed by reviewer:

03434027 – Thank you for your comments. We understand that advanced endoscopic imaging is a continuously evolving field and hence is our intention to keep contributing to the field with new research whenever possible.

03478404 – Thank you for your contribution and your attention to detail. We have accepted your suggestions which can be found highlighted in green throughout the text. Specifically regarding the comment on the asterisks on initially submitted tables 3 and 4 (on the revised version tables 2 and 3), they were not supposed to be on the submitted manuscript. These were to remind the co-authors to double check those results from the raw data. Although the checking occurred and we confirmed the values, we had forgotten to remove those from the tables. Thank you for reminding us of those.

03476292 – Thank you for your comment.

03806663 – Thank you for your comments. Each individual comment is addressed as below:

1 - We have provided the full form of all abbreviations when they first appear in the text. We could certainly provide these in a separate part as well but I am not sure how this would comply with WJGE's standards. If the editor agrees we can include all abbreviations in full in a separate part as well and in the text;

2 – We agree that reproducibility is an important part of any classification. In retrospect it would indeed be interesting to involve more endoscopists. However, as this study is already completed, we cannot change this fact. Nevertheless, new studies from other Endoscopy Centres utilising the MS classification are desirable to address this issue;

3 – Similarly to the previous comment, it would be a good idea to make a randomised back-to-back study with both classifications for every polyp. This would be even better if two different endoscopists could apply one or the other independently. However, this is not possible in our case as our study is finalised;

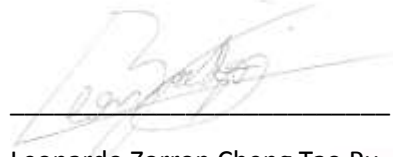
4 – The changes and comments in the reviewer's uploaded file have been addressed and are highlighted in green in the revised manuscript.

03474095 – Thank you for your contribution. Indeed the generalization issue is present and must be addressed in the future. We have elaborated further on the subject in the limitations part (highlighted in green). As per the use of JNET, we agree that it is a more suitable comparator to MS, especially when associated with WASP. However neither WASP nor JNET were available by the time our study started. This information have been added in our discussion as is highlighted in green.

In addition to the reviewers' responses, we would also like to add some overall explanations regarding the changes:

- Modifications based on the Editor's comments have been highlighted in yellow;
- Modifications based on the Reviewer's comments have been highlighted in green;
- Similarities >1% were reviewed and rephrased. Please note that some of the cross check similarities between the results part and the reference #3 is because the same results have been previously presented in DDW 2016.

Sincerely

A handwritten signature in black ink, appearing to read 'Leonardo Zorrón Cheng Tao Pu', is written over a horizontal line.

Leonardo Zorrón Cheng Tao Pu

MD MSc FBCS FASGE