

Response to Reviewers' Comments

Reviewer #1

The paper requires minor revision, which are listed below. 1. In the Result section, the word PPV should be spelled out on the first occurrence with the abbreviated form shown in parentheses.

We thank the reviewer for this observation. The abbreviation PPV has been spelled out to "positive predictive value (PPV)" in the results section.

Reviewer #2

The paper addressed whether the use of narrow band imaging (NBI) instead of high-definition white light endoscopy (WLE) could improve the detection of residual neoplasia during the follow-up of endoscopic piecemeal mucosal resection (EPMR). The paper showed the use of NBI after WLE may improve residual neoplasia detection. I think it is a valuable paper and bring some help to clinicians. I wish more studies will confirm the conclusion of the paper.

We thank the reviewer for this kind comment.

Reviewer #3

In this manuscript, authors investigated the efficacy of NBI for detecting the residual neoplasia after EPMR. Major comments 1. In the present clinical settings, colonoscopy is normally performed in a WLE mode and in a limited situation NBI mode is used. Therefore, it is inconceivable that a colonoscopist sees an EPMR scar with NBI at the first review. I wonder whether it is meaningful to evaluate such a situation. 2. Please make it clear how often clips remained at a follow-up colonoscopy.

Comments to reviewer #3:

1. We agree with the reviewer that an EPMR scar is usually seen on WLE, with limited use of NBI at the first review. However, we performed this observational study randomizing the first technique in order to avoid obtaining the first impression with WLE. In fact, colon inspection was done with WLE during withdrawal and at the proximity of the polypectomy scar, where it was immediately and carefully inspected with the designed randomized technique. We acknowledge the limitations of performing two evaluations by the same endoscopist in the Discussion section. However, we found no differences in the diagnostic performance in the first review of the two groups (WLE-NBI vs NBI-WLE) with a similar ROC curve (AUC 81.1% vs 81.6%, respectively), noting that the improvement in accuracy occurred in the WLE-NBI group (AUC of WLE 81.6% and NBI 86.8%) $P=0.15$. This is because NBI increases the sensitivity and NPV of WLE. On the other hand, even though NBI is not performed in the first review in a clinical setting, in this study we demonstrate that the performance of NBI is high but the addition of WLE meaningless as we see in the NBI-WLE group (AUC of NBI 81.1% and WLE 81.4%) $P=0.9$

2. We have included a comment in the manuscript in *Results - Comparison of NBI and WLE section* noting that there were no differences between groups in the number of patients with the presence of clips at the follow-up colonoscopy. The percentages are described in Table 2.