

Dear editor,

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "The effects of antithrombotic agents on postoperative bleeding after endoscopic resection of gastrointestinal neoplasm and polyp: A systematic review and meta-analysis". Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the editorial comments and reviewer's comments are as following:

Replies to Editors and Reviewers in Chief Comments:

Replies to Reviewer 1 Comments:

Question 1: In your meta-analysis, antithrombotic therapy was significantly associated with postoperative bleeding after ER. However, there was no significant difference in the postoperative bleeding among ESD, EMR and polypectomy including types of Antithrombotic agents. One cause is that it is possible that the number of cases of ESD, EMR and polypectomy is insufficient. The message in conclusion in your meta-analysis is very weak.

Answer: Thank you very much for the suggestion. In our results, we found that the risk of postoperative bleeding after ESD, EMR and polypectomy in the antithrombotic group was higher than the non-antithrombotic group. With the random-effects model, there was no significant difference between the two groups in polypectomy, but the risk of postoperative bleeding in the antithrombotic group was higher than the non-antithrombotic group after two articles exceeded (sensitivity analysis) which is more homogeneous and reliable.

Question 2: It should be divided into esophageal & gastric cases (upper gastrointestinal tract) and colon cases (lower gastrointestinal tract) because the anatomical background is quite different. Regarding polypectomy technique, it should be divided into cold polypectomy and hot polypectomy, too.

Answer: Thank you very much for the suggestion. We have carried out relevant analyses in the part of effect analysis. Due to insufficient data, it can not be divided into cold polypectomy and hot polypectomy.

Question 3: In terms of Table 1 of characteristics of included studies and participants, number of cases, type of antithrombotic agents should be included.

Answer: Thank you very much for the suggestion. We have added the related contents in Table 2 according to the comments of reviewer.

Question 4: In section of "The quality assessment and Publication bias" in Page 9, the basis of "9 stars" are difficult to understand. Please show the evidence of it.

Answer: Thank you very much for the suggestion. The evidence of "9 stars" are good selection (cases are typical), comparison (confounding factors are controlled) and proper exposure of information (The data sources of the two groups were the same and reliable).

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

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