

Major 1. Previous studies have already reported the endoscopic characteristics in SSLs with dysplasia. The authors should comment the strength (novelty and originality) in this study.

Previous studies of the endoscopic features of SSLs have focused on their differentiation from hyperplastic polyps and tubular adenomas. The analysis of SSL-D⁻ and SSL-D⁺ rests only on the predictive value of a single endoscopic feature for the sensitivity and specificity. It has been well documented that SSL-D⁺s have a risk of faster progression to adenocarcinoma compared to SSL-D⁻ and conventional tubular adenomas. Therefore, it is important to look for endoscopic features that have independent predictive value for SSL-D⁺s and assist the endoscopist in making an immediate diagnosis. In this study, we performed a multifactorial logistic regression analysis based on previous studies to obtain endoscopic features with independent diagnostic values for predicting SSL-D⁺s and the diagnostic validity of these endoscopic features. This finding is expected to improve the immediate diagnostic accuracy of endoscopists in SSL-D⁺s to inform them to use appropriate endoscopic treatment modalities.

Minor 1. An abbreviation of SSL is used for two meanings, that is, serrated sessile lesion in a broad sense and serrated sessile lesion without dysplasia, which seems somewhat confusing. Please modify the latter one.

The abbreviations for colorectal sessile serrated lesions with or without dysplasia are changed to SSL-D⁺ and SSL-D⁻.

Minor 2. (P8L13-15) “The independent diagnostic factors of colorectal SSL-D serve as positive guidelines for the colonoscopist's immediate endoscopic diagnosis.” This sentence should be described in the discussion section as it is not a result.

The sentence has been described in the discussion section.

Minor 3. (Discussion) The first paragraph should be described in Introduction section.

The first paragraph of the discussion section has already been described in the introduction section.

Minor 4. (P12L3-4) "Second, all cases included in this study were precancerous adenocarcinomas, which could lead to discrepancies in the findings." I can't understand this description of limitation. Please explain it in more detail.

There is mention in this study that colorectal SSLs are an essential cause of interstitial cancer. So the authors thought it would be better to have cases of SSL-D⁻, SSL-D⁺, and SSLs cancerous lesions in the study. If SSL carcinoma cases are included, it can be realized to analyze the consecutive complete endoscopic features of such lesions in different stages, and it may be more convincing to have such a design.