

Dear Professor Ma,

We are grateful for the valuable comments both from the editor and the reviewers. We have incorporated the suggested modifications in the revised manuscript as given below:

Reply to reviewer ID 02953922

1. In page 4 line 6 “It has mainly been applied mainly to small (<7-10 mm) polyps”. This phrase should be re-written because ESGE guideline does not recommend such large polyps by cold snare. ESGE guideline recommends “cold snare resection is a preferred technique for removal of diminutive polyps(size <5mm)”. In addition, ESGE guideline stated that “CSP for small polyps, however, evidence is lacking”.

We have no re-written this page and cited the ESGE guideline accordingly (page 6 / line 6; and page 6 / 2nd paragraph).

2. The image of Figure 2-a is too much magnified. If there is another picture available by which the readers can recognize all tumor lesions at a glance, please replace with the current one. With current picture, it is difficult for readers to recognize the size of tumor and the type of tumor.

We have now included two pictures (one from proximal the other for distal side of the lesions) as figure 2 b/c. We hope that these pictures are satisfactory to the reviewer.

Reply to reviewer ID 03733105

1. In the page4 line 16-20, cold snare resection increased rates of positive margins and a decreased resection depth. Also from previous studies, I should comment alert in this manuscript “colorectal cancer may not be suitable for CSP adoption”.

We have now re-written this phrase accord to the reviewers suggestion (page 6 / end of 2nd paragraph).

2. In the summary (page4 line26), it recommends additional comment. Cold snare resection is becoming the standard of treatment for small polyps (<10mm) “without cancer”. Lesions suspected of cancer with small polyps should be excised by EMR beforehand.

We have commented on this issue (page 7 / end of 2nd paragraph).

3. In the page8 line8, “In addition, ESD has the potential for an enbloc resection of larger lesions; it should probably be reserved for larger suspicious lesions.” Please state more clearly about suspicious lesions.

We have now explained clarified suspicious lesions as ‘suspicious of high grade dysplasia or

early invasive cancer’(page 11 / line 7).

4. Underwater EMR technique is also currently discussed. Please add some information at EMR section.

This has been added with additional literature (page 5 / 1st paragraph / line 7).

Reply to editors comments

- Language certificate is (again) attached.
- We have provided an audio core tip (separate file).
- We have provided figures in ppt file.
- We have re formatted the manuscript 12 pt Book Antiqua font / 1.5 line spacing
- We have revised the manuscript according to reviewer suggestions.
- We have also incorporated the modifications suggest in the edited manuscript .
- We have provided all other necessary documents.

We hope the modifications are satisfactory to the reviewers and editors.

Kindest regards,

Sincerely yours

Franz Ludwig Dumoulin