



January 12, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6591-review.doc).

Title: Clinical review: Improving quality measures in colonoscopy and its therapeutic intervention

Author: Akira Horiuchi, and Naoki Tanaka

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6591

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer 39350

The manuscript is well written and balanced overall. I believe that the guidelines for polyp removal proposed in table 1 need more support in the text and references. For diminutive polyps, the data cited demonstrate that cold forceps removal is barely adequate and yet this technique is recommended. Perhaps a comment regarding the technical ease and time-saving nature of this practice could be added to the text to justify the recommendation for these polyps that are often considered of questionable clinical significance. It is unclear how the authors arrived at the cutoff of 6mm for cold snare (a 10mm cutoff is commonly used in cold-snare studies). Perhaps a comment on the increasing technical difficulty as the size gets above 6mm would be useful for readers- depending on the snare used, sometimes the mucosa will not detach when attempting to cold-snare larger lesions. There is also little data in the literature that demonstrates the advantage of saline injection for polyps >1cm, and although many of us believe that it facilitates resection and reduces bleeding/perforation, the evidence is relatively lacking. I believe that the authors should either cite the best available data or comment on the relative lack of data. It would also be useful to have some justification for why conventional polypectomy is felt to be appropriate for lesions up to 14mm as advocates of injection often perform injection for these smaller lesions as well.

A) According to your suggestion, the two papers were added as ref #50, 51.

In addition, the next sentences were added to “Optimal polypectomy techniques”.

(Page 14) We propose that optimal polypectomy techniques for nonpedunculated polyps should be primarily based on polyp size including cold forceps polypectomy (1-3 mm), cold snare polypectomy (4-10 mm), conventional polypectomy (7-14 mm), and EMR (15-20 mm) (Table 1). For polyps larger than 21 mm, piecemeal EMR or ESD are preferred. Recent study confirmed that cold forceps polypectomy appeared to be adequate for the resection of diminutive polyps (≤ 3 mm) if no residual tissue is visible by chromoendoscopy [50]. A 10-mm size cutoff for

cold snare polypectomy is commonly used based on the previous cold-snare studies [51]. However, when it is technically difficult to remove the polyps (≥ 7 mm) using cold snaring, this technique should be switched to conventional polypectomy. There is little data in the literature that demonstrates the advantage of saline injection for polyps >10 mm. According to our experiences, EMR seems to be preferable for the removal of larger polyps (≥ 15 mm).

50. Jung YS, Park JH, Kim HJ, Cho YK, Sohn CI, Jeon WK, Kim BI, Sohn JH, Park DI. Complete biopsy resection of diminutive polyps. *Endoscopy* 2013; **45**:1024-1029 [PMID: 23921846 DOI: 10.1055/s-0033-1344394.]

51. Rex DK. Colonoscopy. *Endoscopy* 2013; **45**:756-761 [PMID: 23990488 DOI: 10.1055/s-0033-1344630.]

3 References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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