



May 5<sup>th</sup>, 2022

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**Editorial Office Director**

***World Journal of Gastroenterology***

Dear Mr. Ma,

We are delighted of the preliminary acceptance of our manuscript in your prestigious journal and are happy to hand in our manuscript for re-review. We have carefully worked on the reviewers comments. Please find below detailed comments on the changes we have made.

**Reviewer 1:**

Thank you very much for your very kind review and comments on the manuscript. Before starting our search we have tested different search strings in order to find the one best suitable for our meta-analysis. We have combined different terms for polypectomy with our primary and secondary aims (recurrence, incomplete, margin, resection), which, indeed, yielded many hits. However, our attempts to narrow down the search bore the risk of losing potentially relevant publications. We therefore chose to use a broader search term and to have two independent researchers (C.R. and M.T.) to assess all publications for eligibility. This may have increased the workload but, on the other hand, made sure that all relevant publications were found within our literature search.

**Reviewer 2:**

Thank you very much for your kind review and comments on the manuscript. It is correct that in table 1 the values for local recurrence rates for polyps  $\geq 10$  mm and polyps  $\geq 20$  mm for the categories "Hot EMR, some margin ablation" and "Hot EMR, with margin ablation" are alike. This is based on the fact that all studies in these two categories evaluate only polyps  $\geq 20$  mm (and are therefore also included in the  $\geq 10$  mm analysis) and no study was found specifically evaluating polyps 10-20 mm. The other two categories, on the other hand, include studies specifically evaluating polyps 10-20 mm, which are thus excluded in the  $\geq 20$  mm analysis. Therefore, the analysis yielded different values in these cases. However, it is perfectly right that this is a potential confounding factor of our analysis. We are very thankful that you have raised attention on this issue and have added a clarifying paragraph in the discussion of our manuscript.

We perfectly agree that, besides performance, safety is a major issue possibly distinguishing polypectomy techniques. Given the already large amount of data included in this analysis, we decided to concentrate on performance data. To evaluate safety, search terms should be specified for evaluation of bleeding, perforation and other safety relevant issues. Therefore, safety relevant outcomes should be systematically investigated in an additional meta-analysis. Yet, we have added a paragraph in the discussion raising attention to the importance of immediate and late complications occurring during and after polypectomy.

We appreciate in advance your consideration for publication of this manuscript.

A handwritten signature in black ink, appearing to read 'Daniel von Renteln', with a stylized, flowing script.

Sincerely,

Daniel von Renteln, MD