Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors report the review of latest topics of preparation of colonoscopy, endoscopic resection and AI system in colonoscopy. I found this paper to be well-written and engaging; however, some points require clarification. The issues that are listed below must be addressed before the paper can be considered for publication.

1. You need to correct the references 66-78, 80-86, 89—91, 97-98

DONE

2. You need to delete (20) in P8, L18

DONE

3. There is a manuscript reporting the efficacy of continuous administration of anticoagulants with cold snare polypectomy. Please refer this article (Takeuchi Y et al. Ann Intern Med. 2019 Aug 20;171(4):229-237. doi: 10.7326/M19-0026.)

4. There are some latest reports of the prediction of deeply submucosal invasive carcinoma with use of AI. You may add these topics. Please refer these articles (Ito N et al. Oncology. 2019;96(1):44-50. doi: 10.1159/000491636. Epub 2018 Aug 21. Lui TKL et al. Endosc Int Open. 2019 Apr;7(4):E514-E520. doi: 10.1055/a-0849-9548. Epub 2019 Apr 3.)

In response to 3 and 4, we do thank you for effort, and correct and interesting suggestion. Despite this, Pubmed bibliography is full of thousands and thousands articles about "colorectal lesions", "EMR", "colonoscopy" and so on, we had to do a choice, based on our research, preferences, and taking into account a number limit and large and extensive bibliography we added.

Reviewer #2:

Scientific Quality: Grade B (Very god)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This topic is very interesting, this review contain a huge amount of data, we can called it huge review, it begins discussion from the bowel preparation til managemnt of patient complications after treatment, also the topic of artificial intelligence is discussed. some few comments are mentioned below: 1- Is there a role for EUS in the diagnosis and staging of colorectal lesions. 2- What about the use of the knife type (speed boat knife), also they use a different apparatus from that of ERBE. 3- What about the use of (over the stitch device) in the management of colorectal perforations. 4- Is it important to give a reference for the table and the figures. do you have permission to use it? 5- What about annotations, scale bar, magnifications, type of dye when needed in the legend of figures. 6- Language and grammar need polishing. Some corrections are present in the uploaded file. 7- Please choose one style for your references. Finally, this review can used as a reference for all doctors in the field of advanced GI endoscopy.

Thank you, and we really appreciated the efforts to comment, revise, and correct the manuscript.

As fort 1-3 comments we have to apologize to you, editors, and readers, but "colonoscopy" and all its related topic is a wide and huge list of argument, very difficult to do a summary, and very unfair to do just few comments or reports. Before to write this review, we had a long discussion about "neverending" and "trending" topics. We decided to select some arguments and extensively treat them. We retained additional type of knife, electrosurgery units as too much speculative arguments to be added. Alongside with this aspect, over the stich device represent almost a "sanctuary" in the field of resection (to close defects, to close perforations) and extremely limited to few referral centers.

4, 5. We add references to table 1. As for figures, first 3 are personal works, 5 and 6 are personal archive, all other ones figures refer to original www site we took from and extensively reported.

6. We carefully read the manuscript and correct it with your suggestions.

7. Done

Reviewer #3:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: The author queried and read a large literature.The article lists the treatment methods of early intestinal neoplastic lesions in more detail.This article can give readers a more comprehensive understanding of endoscopic treatment of early colorectal neoplastic lesions.However, the format of some references is not correct, and some references only have the beginning page number without the final page number.

We do thank you for your comment and "support". We made corrections to references.