

**Endoscopic management of colorectal polyps: from benign to malignant polyps
(Manuscript NO.: 65639, Opinion Review)**

ANSWERS TO EDITORS:

Specific Comments to Authors by Science Editor Jin-Lei Wang:

Comment #1: References: A total of 78 references are cited, including 42 references published in the last 3 years; (5) Self-cited references: There are 8 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations.

Response #1: We have carefully reviewed our references and updated the list. We have limited self-citations to those that are most closely related to the topic and limited the rate to less than 10%.

Comment #2: The “Author Contributions” section is missing. Please provide the author contributions.

Response #2: We have included the “authors contributions” section to the manuscript.

Comment #3: The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (3) If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

Response #3: We have provided the original figure documents. We have arranged all the figures in Power Point as requested by the editor. All of these figures were originally created by the authors of this manuscript specifically for this publication. None of the figures were published elsewhere.

ANSWERS TO REVIEWERS:

Reviewer #1:

Conclusion: Minor revision

Specific Comments to Authors:

Overall: The authors reviewed the endoscopic management of colorectal polyps. The article well described the types of polyps, terms of not invasive cancer (carcinoma in situ, intramucosal carcinoma and high-grade dysplasia), depth of invasion and polyp surface pattern classification. From the result, they proposed a well-made algorithm for the endoscopic management of colorectal polyps. There are a few problems in this paper described below.

Comment #1: Figure 6 algorithm When is the diagnosis of invasive cancer in a direct observation using classification (Kudo Class VN, NICE Type 3) difficult, the strategy of consulting with an expert makes sense to try to minimize the invasion of surgery. This algorism shows "EQUIVOCAL BIOPSY" from "Biopsy and Tattoo". If there is any possibility of endoscopic treatment, we will recommend that consult experts without any biopsies. Fibrosis induced by multiple biopsies up to the submucosa will sometimes increase difficulty than residual lesion after EMR, even with ESD treatment. What percentage of tumors cannot be diagnosed by taken biopsy?

Response #1: We thank the reviewer for this comment. We completely agree with the reviewer that biopsies should be avoided if endoscopic therapy is warranted. Hence, as shown in the algorithm/figure 6, we discourage biopsies for any lesion without clear overt signs of deep submucosal invasion and recommend that these lesions be referred to an expert for endoscopic resection. As alluded by the reviewer, this minimizes the risk of submucosal fibrosis caused by biopsies. However, in the instances where overt signs of deep submucosal invasion are present on endoscopic assessment, current GI societal guidelines do recommend obtaining biopsies of the site were cancer is suspected (i.e. the predominant nodule or area of depression). While a significant portion of tumors can be missed by biopsies alone, it does provide adjunct information in these challenging scenarios. We have changed the manuscript to specify that biopsies should be targeted and selective rather than indiscriminate: "When biopsies are performed, they should be directed to the area exhibiting features of deep SMI. This

targeted biopsy strategy increases the yield for histological diagnosis and minimizes the risk of inducing submucosal fibrosis for those lesions that may be amenable for endoscopic intervention”

Comment #2: Figure 6 High Risk of Superficial SMI → YES/UNCLEAR - Refer to Expert(Do NOT biopsy or tattoo) Please consider replacing the solid line with an arrow. (YES/UNCLEAR → Refer to Expert). This arrow gets the figure content easier to understand.

Response #2: We thank the reviewer for the comment. We have amended the figure and changed the solid line for an arrow.

Reviewer #2:

Specific Comments to Authors: The review is well-written. However, It will be better if the JNET classification system is discussed in the paper because I think it is more precise in the clinic than NICE.

Response to reviewer #2: We thank the reviewer for the comment. We included the NICE classification as this is often more widely used in clinical practice, particularly in the Western Hemisphere given its ease of use. However, we do agree with the reviewer that the JNET is also another valuable validated classification system in the evaluation of colorectal polyps. As such, we have included this in the revised manuscript.

Reviewer #3:

Specific Comments to the Authors: This is a review article that described a broad overview and decision algorithm on the endoscopic evaluation and management of colorectal polyps. This review is well written and comprehensive about this topic. I have no additional comments

Response to reviewer #3: We thank the reviewer for his input and appreciate the feedback on this manuscript.