

Reviewer #1:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** In this retrospective study, the authors evaluated the recurrence of colonic polyps after endoscopic submucosal dissection and endoscopic mucosal resection from a western perspective. However, they added a third group (knife-assisted endoscopic resection) to their analysis. I have a few comments to the authors:

1. Colonic polyps should be clearly demonstrated in the Title, Core tip, and Background of the Abstract.

We have now updated title, core tip and background to emphasize that this is referring to colon.

2. How is polyp size measured? Especially for polyps that have not been removed en bloc.

We have updated the Methods section to reflect “The size of the polyp was determined by using the snare as reference, or if the polyp was removed *en bloc*, was measured against a ruler when it was retrieved from the colon.”

The morphology of the polyps (Paris classification) should be listed in Results and Table 2.

We have now updated Results and Table 2 to include Paris classification.

3. Is "knife-assisted endoscopic resection" planned before the operation, or is it performed only when difficulties are encountered during ESD?

We have updated Methods to include the following statement: “Determination of each technique is up to the discretion of the endoscopist. Knife-assisted endoscopic resection was performed when the endoscopist determined at the initial submucosal injection step that full ESD would be too dangerous, typically due to fibrosis or poor scope stability, but that there was a clinical benefit to utilizing an ESD knife to perform selected parts of the procedure.”

4. Results of the abstract, and Polyp resection, follow-up section “recurrence rate was lowest in knife-assisted endoscopic resection (0.0%) and ESD (1.3%) and highest in EMR (12.9%) [p=0.0017]” --The authors should clearly state which is the lowest. Or they have to use “lower” instead of “lowest”.

We have updated the statement to read: “Recurrence rate was lowest in knife-assisted endoscopic resection (0.0%), followed by ESD (1.3%), and highest in EMR (12.9%) [p=0.002].”

5. Conclusion of the Abstract: “Performance of ESD, en bloc resection, and use of circumferential incision were associated with significantly decreased recurrence following resection.” --What this sentence means? Performance of ESD and use of circumferential incision to achieve en bloc resection ?

We have updated the statement to read: “We found factors including resection by ESD, *en bloc* removal, and use of circumferential incision were associated with significantly decreased recurrence.”

6. In Table 2 The EMR group had the highest rate of R0 resection (87.1%), but also the highest rate of polyp recurrence. How to interpret this result?

Thank you for catching this error. We had made a mistake with the cells. Table 2 is now updated. We've also included the following statement in Results: "ESD (75.3%) and knife-assisted endoscopic resection (65.6%) had higher R0 resection compared to EMR (5.1%) [ $p<0.001$ ]."

7. In table 3 The rate of R0 resection was relatively low (27.2% overall vs. 29.3% in the non-recurrence group), but the overall recurrence rate was low (8.4%). How to interpret this result?

The data here is correct. Rather than 27.2%, the R0 rate in the recurrence group was 4.2 in the Table. The statement in the result is "Compared to no recurrence, polyps with recurrence had higher proportion of R1 (91.7 vs 65.0%) and lower proportion of R0 (4.2 vs 29.3%) [ $p=0.023$ ]."

8. In Table 4 What is "25 unique patients" What is "SBO"

We have deleted the 25 unique patients from the title of the table. In results we updated: "Overall, there was a low patient complication rate (25 patients [6.6%]), with similar proportion of complication (6.5-6.8%) among the three procedures (Table 4)."

Thank you for SBO comment we have written out below the table "SBO = small bowel obstruction."

9. In Table 6 (1) The authors included only treatment type and polyp size in the multivariate analysis. This is subjective rather than objective, as the authors state that "we did not include en bloc resection, R0 resection, and presence of circumferential incision as these are factors closely tied with performance of ESD". Therefore, the results according to the analysis cannot be accepted. In fact, it may be more critical to analyze which of en bloc resection, R0 resection and circumferential incision is the predictor of polyp recurrence. (2) Knife-assisted endoscopic resection was not included in the treatment type analysis, why? Is this because knife-assisted endoscopic resection has the lowest recurrence rate (0%), superior to ESD?

The goal of the study was to understand impact of ESD and knife-assisted endoscopic resection. However, as demonstrated in our study, there is a high correlation between ESD and knife-assisted endoscopic resection with *en bloc* resection, R0 resection and circumferential incision. As such, because of the collinearity of these variables, they were not ultimately included in the comparison including ESD, knife-assisted endoscopic resection and EMR.

Knife-assisted was not included because there were no recurrences, preventing this from being analyzed. We wrote the following statement: "Knife-assisted endoscopic resection was unable to be evaluated independently of ESD as there were no cases of recurrence."

10. For a more reasonable interpretation of the findings, I suggest that the authors remove the portion of knife-assisted endoscopic resection.

Thank you we agree with this – as such, we have kept Table 6 (which includes only a direct comparison of ESD with EMR).

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** The authors evaluated recurrence rate in ESD, knife-assisted ER, and EMR. It contains sufficient interest and originality to merit publication; however, this retrospective study had some limitations, and the results were not well discussed. I have some comments and questions;

1. This study was described as “multicenter” evaluation, but only two endoscopists provide their data.

Thank you – this was classified as a multicenter study as two centers were involved (Veterans Affairs Palo Alto as well as Stanford University). To clarify this, we have updated the methods section to read the following: “We performed a retrospective study evaluating endoscopic resection performed of polyps  $\geq 20$ mm at two centers (Stanford University Medical Center and Veterans Affairs Palo Alto Health Care System) by two practitioners (JHH and SF), between January 1, 2016, and December 31, 2020.”

2. Could the authors clarify the indication of each endoscopic resection? How did they use different treatments for each lesion?

We have updated this in Methods Section for prior comment: “Determination of each technique is up to the discretion of the endoscopist. Knife-assisted endoscopic resection was performed when there was encountered difficulty with completion of the resection with the electrosurgical knife.”

3. As the authors mentioned, the follow-up rate was less than 70%. It could have a large impact on the primary outcome.

Thank you – we agree. This is cited as a limitation in the Discussion Section.

4. As conclusion, the authors described “ESD should be strongly considered...”, but knife-assisted ER showed better primary outcome than ESD. Theoretically, the author should recommend knife-assisted ER or put ESD and knife-assisted ER into one group.

We think this is a valid point. We’ve updated the conclusion statement to read: “Given the results of this study, ESD and knife-assisted endoscopic resection should be strongly considered when possible for polyps  $\geq 20$ mm to improve *en bloc* and curative resection and decrease risk of recurrence.”

5. The authors focused on the current states of ESD in the United States, however, I think it was not important for the readers in other countries. Please expand on the other aspect, such as ESD in the Western countries, comparison between EMR and ESD, and review of important papers.

Thank you – we have included the following statement: “Given the benefits of ESD, this has culminated in a multicenter randomized controlled trial based in France led by Jacques et al which found ESD to be superior to EMR in *en bloc* resection as well as decreased recurrence.<sup>10</sup>”

***(1) Science editor:***

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

***(2) Company editor-in-chief:***

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Endoscopy, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

