

Response to the editor(s) of “World Journal of Gastrointestinal Endoscopy”

Dear Editors,

thank you for the opportunity to revise and resubmit our manuscript “**Endoscopic resection of non-ampullary duodenal adenomas: is cold snaring the Promised Land?**”.

We are grateful to the Reviewers and Editors for their precious comments and suggestions. The manuscript has been significantly revised and improved according to them. We are including below a point-by-point response of the remarks.

Sincerely,

Marco Spadaccini

Reviewer 1:

This manuscript summarized the efficacy and safety of cold snare polypectomy (CSP) for non-ampullary duodenal adenomas. The authors concluded that compared with hot snare polypectomy (HSP), CSP has significant safety and economic advantages in the treatment of SNADETs without an impairment in terms of curability. This is an interesting topic. At present, most of the studies on this aspect are retrospective or small sample size studies. Larger multicenter prospective RCTs with long-term follow up are required to better assess safety and efficacy outcomes of CSP SNADETs and compare to the conventional endoscopic techniques.

R: Thanks for your comment, you have synthesized well our aims and conclusions based upon available literature. We have added more emphasis on the limitations of the trials examined and the need for more high-quality studies as suggested.

Reviewer 2:

Specific comments

1) There are few references. The complications of current EMR treatment are not that high.

R: Thanks for your suggestion. We added more references, focusing on most relevant available studies reporting adverse events rate after duodenal EMR as observed.

2) There is no comparison in wound treatment of duodenal adenoma after treatment. Complications are very low after wound closure with titanium clamps.

R: Thanks for your observation. We presented data from most remarkable studies concerning the role of prophylactic clipping of post-resection defect and discussed its potential benefits and limitations as suggested.

3) Some of the references cited have short follow-up times for residual or recurrent adenomas

R: Thanks for your comment. We have highlighted the need for larger trials with longer follow up period to achieve more reliable conclusions on the efficacy outcomes of cold EMR, especially in terms of recurrence rate as requested.