Peer review File

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Reviewer comments-reviewer A

1) First, the title needs to indicate the clinical research design of this study, i.e., a retrospective cohort study.

Reply: Thank you for your suggestion. We have revised in the article.

Changes in the text: we have modified our text as advised (see Page 1, line 4).

2) Second, the abstract needs some revisions. The background needs to indicate the clinical needs for this research focus and what the knowledge gaps are on the risk factors of postoperative bleeding and polyp recurrence. The methods need to describe the inclusion of subjects, the measurements of baseline clinical factors, follow up procedures, and diagnoses of postoperative bleeding and polyp recurrence. The results need to briefly summarize the clinical characteristics of the study sample and provide OR and accurate P values to quantify these findings. Please also report the incidence rates of postoperative bleeding and polyp recurrence.

Reply: Thank you for your suggestion. The patients included and how the baseline data were counted are described in our abstract. The diagnosis of postoperative bleeding and recurrence is described in detail in Methods and is limited by the word count in the abstract, so it is not convenient to repeat it here. The rest of the modifications have been done in the text.

Changes in the text: we have modified our text as advised (see Page 1, line 14-17). We also added some data such as OR and accurate P values (see Page 2, line 1-9).

3) Third, the introduction of the main text needs to clearly describe the clinical needs for focusing on the risk factors of postoperative bleeding and polyp recurrence in pediatric patients, the unique challenges in managing postoperative bleeding and polyp recurrence in this population, and based on existing studies, the authors' hypotheses on the risk factors in pediatric patients.

Reply: Thank you for your advice. As we describe in the fourth paragraph of the introduction, postoperative bleeding prolongs a patient's hospital stay, decreases their perioperative quality of life, and adds additional treatment burden, and postoperative recurrence increases a patient's risk of re-treatment and decreases their outcome, so we need to focus on postoperative bleeding and polyp recurrence risk factors in adolescent patients in order to improve their prognosis early. The rest of the modifications have been done in the text.

Changes in the text: We added some introduction about the postoperative bleeding and polyp recurrence in pediatric patients (see Page 5, line 6-12).

4) Fourth, in the methodology of the main text, please describe the clinical research design, the ethics approval and follow up details. In statistics, please ensure P<0.05 is two-sided and report the details of multiple logistic regression. The outcome can be time-to-event data, the authors need to explain why they did not use Cox regression model.

Reply: Thank you for your advice. Because Cox regression requires the influences to be independent of each other and of equal proportional risk, the influences in our study would have influenced each other, so Cox regression was not used. The rest of the modifications have been done in the text.

Changes in the text: We added some explanation (see Page 6, line 3-4, 6-7, 17).

Reviewer comments-reviewer B

I think that it's an interesting study but some corrections, modifications and clarifications should be made before:

Methods:

1)- Inclusion criteria: why patients with pedoncultaed lesions were included in the study? does the authors perform EMR for such polyps? for pedoculated polyps it's a hot snare polypectomy without submucosal injection.

Reply: Thank you for your advice. In this paper, pedoncultaed lesions refer to wide and flat pedicles, which are difficult to be removed directly with hot snare, so EMR is chosen for polypectomy.

Changes in the text: None.

2)- why patients who received medications that may increase the incidence of EMR complications were excluded? treatments interfering with hemostasis are a known factor that may increase post EMR bleeding. Specify the medications that may increase EMR complications.

Reply: Thank you for your advice. Here is our unclear expression which caused your misunderstanding. Our intention was to exclude some patients with coagulopathy and a tendency toward severe bleeding. We have revised it in the article.

Changes in the text: We have modified our text as advised (see Page 5, line 31-32).

3)- « Polyp recurrence was defined as the recurrence of polyps at the location at which EMR was performed during the follow-up period »: the authors did not specify if an upper endoscopy was performed or not to detect any recurrence.

Reply: Thank you for your advice, for relapsed patients are performed an upper endoscopy.

Changes in the text: We added some explanation (see Page 7, line 3-4).

4) « Early bleeding refers to bleeding that occurs within 12 h postoperatively, while delayed bleeding refers to bleeding that occurs 12 h–14 d »: if you see recommandations, post polypectomy hemorrhage is bleeding occurring after the procedure, and within 30 days, requiring either unscheduled medical management. Why authors fixed 14 d as upper limit?

Reply: Thank you for your advice. Firstly, we refer to the research content of Choung BS et al. (Incidence and risk factors of delayed postpolypectomy bleeding: a retrospective cohort study.) Secondly, based on the clinical work experience of the researchers in our group, we found that the probability of bleeding was small 14 days after surgery. In addition, due to the limited time and energy of study members, delayed hemorrhage was defined as postoperative 12h-14d.

Changes in the text: None.

5) Results: how authors explain that only 25% of patients had HP infection and the main histological type is hyeprplastic polyps. Please specify how helicobacter pylori infection was diagnosed: pathology, urease test, breath test… ?

Reply: Thank you for your advice. We chose to use C14 breath test to detect Hp infection. We speculate that the infection rate of Hp may be much higher than 25%, possibly because the detection rate of C14 breath test is not 100%. With the enhancement of patients' self-health awareness, especially some patients once received Hp treatment in outpatient department due to gastrointestinal discomfort, the above reasons may reduce the detection rate of Hp.

Changes in the text: We added some explanation and modified our text (see Page 6, line 17; Page 10, line 33- Page 11, line 3).

6) How the authors explain the high rate of complication 24.2%? specify the other complications 3.1%.

Reply: Thank you for your advice. Our overall complication rate was as high as 24.2% mainly due to the inclusion of postoperative recurrence, which was 15.4% in our study, similar to Yokoi et al. Other complications mainly included fever, submucosal emphysema and so on.

Changes in the text: None.

7) >2 cm 143 (26.1) 16 (50.0)

≤2 cm 404 (73.9) 16 (50.0)

How can the authors explain a significant statistical result with these numbers?

Reply: Thank you for your advice. The diameter of polyp is delimited by 1cm. This is a clerical error by the author. I'm sorry. To modify in the article.

Changes in the text: We have modified our text (see Page 3, Line 1, 6; Page 7, Line 30; Page 8, Line 8, 34; Page 9 Line 3, 14, 19, 33; Page 10, Line 22; Page 11, line 4, 6; Page 17, line 12-13;Page 19, Line 4-5;Page 21, Line 9; Page 22, Line 13).

8) Conclusions: please make a recommendation of the limit of EMR as a treatment of gastric polyps for example number of polyps or the size > 2cm.

Reply: According to our clinical experience and research results, we believe that the diameter of polyps is generally 1.5cm or less, and the maximum limit should be less than 2cm.

Changes in the text: We have added it in our text (see Page 11, line 18-20).

Reviewer comments-reviewer C

1. References/Citations

Please double-check if more studies should be cited as you mentioned “studies”. OR use “study” rather than “studies”.

11 incidence of gastric polyps has increased significantly in recent years, and some studies
12 have shown that the incidence of gastric polyps is 0.8–2.3% (4).

31 Studies have shown that the postoperative bleeding rate of EMR is 6% and the
32 perforation rate is 0.5% (13). The statistical results of the present study showed that the

1 Studies (27) have shown that *Helicobacter pylori* infection can release a variety of
2 cytokines and inflammatory mediators, damage gastric mucosa, stimulate the
3 proliferation of gastric epithelial cells, and cause polyps. Elhanafi et al. (28) and

Reply: Thank you for your suggestion. We have revised.

2. Reporting Checklist

Your study was a Cohort study, please fill item 14c and line 1 of item 15. N/A should be filled in the Case-control study and Cross-sectional study in item 15.

14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Page6/Line3–32	Results/Paragraph1–2
	(b) Indicate number of participants with missing data for each variable of interest	Page6/Line3–32	Results/Paragraph1–2
	(c) ***Cohort study***—Summarise follow-up time (eg, average and total amount)	N/A	N/A
15*	***Cohort study***—Report numbers of outcome events or summary measures over time	–	–
	Case-control study—Report numbers in each exposure category, or summary measures of exposure	–	–
	Cross-sectional study—Report numbers of outcome events or summary measures	Page6/Line3–32	Results/Paragraph1–2

fill

N/A

Reply: Thank you for your suggestion. We have revised.