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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy
Manuscript NO: 32309
Title: Terahertz endoscopic imaging for colorectal cancer detection: Current status and future perspectives
Reviewer's code: 00031150
Reviewer's country: Germany
Science editor: Jin-Xin Kong
Date sent for review: 2017-01-05
Date reviewed: 2017-01-06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a comprehensive review of the THZ technology. Hoever in clinical medicine there exist some caveats before publishing: 1) P5, L10: "time consuming and painfull process" This is nor true in the age of moderate sedation with propofol, well accepted by the patients. 2) P8, table 1 : DBCE acn be omitted from the table as it is not more used in screening for CRC. 3)P11, line 14 "... typicallly fiberoptic" Those tools aore not enymore used in clinical medicine. The3 entire manuscript is wrote for the difference betweeen normal tissue and cancer. This is ot affordable for clinicqalo medicine. Hiere we wait for methods to discover hyperplastic form adenomatous polyps. A CRC an also be detected by a beginner of colonoscopy .

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy
Manuscript NO: 32309
Title: Terahertz endoscopic imaging for colorectal cancer detection: Current status and future perspectives
Reviewer's code: 03036231
Reviewer's country: Japan
Science editor: Jin-Xin Kong
Date sent for review: 2017-01-05
Date reviewed: 2017-01-09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

In this review, authors summarized the steps required for clinical application of terahertz imaging of CRC and provided an update on the current status of terahertz imaging. The imaging system represents a significant step towards clinical endoscopic application for in-vivo colon cancer screening. This paper was written clearly, however I want to know some points of this imaging system as follows as a clinical colorectal cancer surgeon. In the clinical field, early stage cancer (ex, cancer in adenoma, LST) is difficult to diagnose by endoscopy. Figures of this paper looked like advanced cancers, so can the system identify early stage cancers?