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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33347

Title: Controversies in Barrett's oesophagus

Reviewer's code: 03449126

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2017-02-08

Date reviewed: 2017-02-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a meaningful paper about Barrett's oesophagus. However, in order to be acceptable for publication, some modifications are required. The major points: 1. Many researchers consider that the term "Barrett's esophagus" should be replaced by "columnar-lined esophagus", it is still a current controversy. Especially, different country has different diagnose standard. We suggest the author could talk about this part. And now, some evidences show the Barrett adenocarcinoma prevalence different between west countries and east countries. What is the possible reason for it ? 2. The title of paper is Barrett's oesophagus: Current controversies ,but the pathogenesis of Barrett's oesophagus is still remains unclear, there are a lot of controversy, it should be discussed. And there are minor points to the author: 1. What is the meaning of "art evidence" in the paragraph of "This editorial seeks to highlight the current state of the art evidence and landmark studies published since the formulation of the various guidelines to update clinicians and direct future management/research into Barrett's oesophagus"? 2. The phrase of Oesophageal cancer on Key words should be replaced by Oesophageal



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adenocarcinoma, because only the oesophageal adenocarcinoma is usually associated with Barrett's oesophagus, not the oesophageal squamous carcinoma, but oesophageal cancer include the both of them. 3. In the paragraph of "What is the prevalence of Barrett's oesophagus?", the prevalence of Barrett's oesophagus in the unselected general population is between 1-2% in European studies (Italian 1.3%, n = 1033 and Swedish 1.6%, n = 1000), the eighth reference can not be found, and the format is a mess. The original reference about it are as follows, maybe you can use it to replace. Ronkainen J, Aro P, Storskrub T, et al. Prevalence of Barrett's esophagus in the general population: an endoscopic study.[J]. *Gastroenterology*, 2005, 129(6):1825-1831.(Swedish 1.6%) Zagari R M, Fuccio L, M-A W, et al. Gastro-oesophageal reflux symptoms, oesophagitis and Barrett's oesophagus in the general population: the Loiano-Monghidoro study.[J]. *Gut*, 2008, 57(10):1354-9. (Italian 1.3%)

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33347

Title: Controversies in Barrett's oesophagus

Reviewer's code: 00068472

Reviewer's country: Hungary

Science editor: Jing Yu

Date sent for review: 2017-02-20

Date reviewed: 2017-02-23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

General The excellent review by Amadi C and Gatenby P is read with interest. The review summarizes the main controversial issues regarding Barrett's esophagus (BE). The manuscript is suitable for publication after minor revision. Specific comments ?Definition of BE is one of areas of debate. This issue should be discussed in more detail. ?The Authors should spend time to explain the differences in the prevalence of BE in USA in comparison with Europe. ?The cost-effectiveness of screening and surveillance should be discussed in more detail. ?A separate Table should be added regarding the main results of chemoprevention. ?The Authors should discuss why the systematic biopsy protocol does not work in the real world. ?The availability, reality in the every-day practice and cost-effectiveness of adjuncts to standard systematic biopsy (chromo endoscopy, NBI, EUS, computed virtual chromo-endoscopy, auto fluorescence) should be discussed.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 33347

Title: Controversies in Barrett's oesophagus

Reviewer's code: 00037043

Reviewer's country: United Kingdom

Science editor: Jing Yu (Quit in 2017)

Date sent for review: 2017-02-20

Date reviewed: 2017-03-06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The article seeks to cover a complex and controversial area and in general outlines most of the relevant areas, and in particular, screening and surveillance. Areas of future development including biomarkers are nicely summarised. Feedback: my opinion is that the article needs restructuring including outlining controversial areas more clearly. The article cites reference articles in areas, where it is important to cite the original evidence. Some of the citations are incorrect (e.g. Pohl Endoscopy 2007 relates to computed virtual chromoendoscopy, not OCT). Issues with existing ablative therapies should be discussed, and newer ablative therapies mentioned, e.g. cryotherapy. Some areas of controversy are not outlined clearly or adequately enough. For example, origin of Barrett's columnar cell, or methods of endoscopically visualising or picking up dysplasia. I would also recommend the author(s) are more concise with their language in certain areas, which would keep the reader more engaged and allow inclusion of important new technological advances, whilst discussing their failings in adequate depth (e.g. endomicroscopy - takes too much time although as mentioned can be accurate).