



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 38818

**Title:** Proposed approach to the challenging management of progressive gastroesophageal reflux disease

**Reviewer's code:** 02823396

**Reviewer's country:** Spain

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-03-19

**Date reviewed:** 2018-03-19

**Review time:** 14 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

I have revised this review article focused on GERD progression. I have no comments to do



**Baishideng  
Publishing  
Group**

7901 Stoneridge Drive, Suite 501,  
Pleasanton, CA 94588, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
**https://**www.wjgnet.com

#### INITIAL REVIEW OF THE MANUSCRIPT

##### *Google Search:*

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- [Y] No

##### *BPG Search:*

- The same title
- Duplicate publication
- Plagiarism
- [Y] No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**Manuscript NO:** 38818

**Title:** Proposed approach to the challenging management of progressive gastroesophageal reflux disease

**Reviewer’s code:** 02953383

**Reviewer’s country:** Taiwan

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-03-19

**Date reviewed:** 2018-03-23

**Review time:** 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This review article provides a thorough review of the current literature on GERD progression and the associated physiological and pathological changes. The authors proposed that endoscopically normal patients who partially respond or do not respond



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to PPI therapy should undergo routine biopsies at the squamocolumnar junction to identify histological changes that may predict future progression and thus allow earlier intervention and prevention of the development Barrett's esophagus. Generally speaking, this topic is important and this article is comprehensive and well-written and proved current available evidence for the readers who are treating such GERD patients. The reviewer only has a few suggestions as follow: 1. The authors have stressed the important of esophageal motility, such as the esophageal body contractions and LES pressure, on the progression of GERD. With the advent of high-resolution manometry and impedance-pH monitoring, physicians now have better assessment of the esophageal motility as well as the nature of all reflux episodes. The authors may have some discussion of the application of these updated medical tools for the evaluation of GERD progression. 2. The authors have proposed endoscopically normal patients who partially respond or do not respond to PPI therapy undergo routine biopsies at the squamocolumnar junction to identify histological changes that may predict future progression. Although such proposal has its advantages for early identification and prevention of GERD progression, several important issues should be taken into account, such as the cost, biopsy number, and its associated risks of bleeding. Before making such strong proposal, the authors are suggested to review and discuss this important points to make this review more evidence-based. 3. Figure 2 is very nice to illustrate several important landmarks during retroflex endoscopic view with the comparison of normal white-light and NBI endoscopy. However, the NBI technology was only mentioned in the figure legend but not in the main text. The authors may have a new paragraph to discuss about commonly used endoscopic tools to facilitate the evaluation of the ECJ and SCJ. 4. Figure 4. It is unusual to arrange 24-h pH monitoring before the endoscopy in clinical setting. In addition, manometry is usually performed before the pH monitoring. The order of this algorithm should be seriously considered and be supported with



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7901 Stoneridge Drive, Suite 501,  
Pleasanton, CA 94588, USA  
**Telephone:** +1-925-223-8242  
**Fax:** +1-925-223-8243  
**E-mail:** bpgoffice@wjgnet.com  
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enough evidences.

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- Plagiarism
- [Y] No

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