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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39064

Title: Endoscopic diagnosis of sessile serrated adenoma/polyp with and without dysplasia/carcinoma

Reviewer's code: 00069471

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2018-04-03

Date reviewed: 2018-04-17

Review time: 14 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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This review article deals with SSAP and its diagnosis with endoscopy. This is well written and covers various endoscopic findings including NBI magnification. Many endoscopists can learn a lot about endoscopic diagnosis of SSAP.



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INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39064

Title: Endoscopic diagnosis of sessile serrated adenoma/polyp with and without dysplasia/carcinoma

Reviewer's code: 01560095

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-11

Date reviewed: 2018-05-17

Review time: 6 Days

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

SPECIFIC COMMENTS TO AUTHORS

Major comments; 1. In "Introduction" as well as in "Conclusion", the authors emphasized the importance of detection and complete resection of SSA/P in colonoscopy. I think it would be reasonable to describe more on detection of these



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lesions in this MINIREVIEW. 2. Since one of the main topics in this article is differentiation between SSA/P and hyperplastic polyp. I suggest the authors to discuss more on how endoscopic distinction between SSA/P and hyperplastic polyp would impact clinical practice. It is known that some hyperplastic polyps, namely MVHPs, have BRAF mutation and thus assumed to be a possible precursor in serrated pathway. Therefore, even a lesion diagnosed as a hyperplastic polyp, especially in the right side, might not be ignored as harmless. Minor comments; 1. In "Introduction", the authors mentioned as if Torlakovic et al. introduced the term "sessile serrated polyp". I believe they proposed the term "sessile serrated adenoma" but not "sessile serrated polyp" to describe lesions currently known as "SSA/P". 2. In "DIAGNOSIS OF SSA/P USING MAGNIFYING CHROMOENDOSCOPY" (page 11), the authors describe SSA/Ps as nonneoplastic lesions just like hyperplastic polyps. I believe there has been considerable debate whether SSA/Ps are neoplastic or not, however, since the authors try to stress the importance of differentiating SSA/Ps from hyperplastic polyps in this entire manuscript, it might confuse readers. 3. In "ENDOSCOPIC DIAGNOSIS OF SSA/P WITH DYSPLASIA/CARCINOMA" (page12), the authors mentioned that "a mucus cap was found in almost all of the serrated lesions". I don't agree with this since most of hyperplastic polyps are not covered with mucus cap. Actually, the authors themselves suggested a mucus cap is a characteristic of SSA/P.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 39064

Title: Endoscopic diagnosis of sessile serrated adenoma/polyp with and without dysplasia/carcinoma

Reviewer's code: 02542422

Reviewer's country: South Korea

Science editor: Ze-Mao Gong

Date sent for review: 2018-05-11

Date reviewed: 2018-05-20

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a well-summarized minireview about the endoscopic diagnosis of sessile serrated adenoma/polyp with and without dysplasia/carcinoma. However, I think that the definition of SSA with dysplasia is misunderstood. Please refer Bettington's inclusion



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criteria described below.[1] “For inclusion, cases were required to show (1) a component of ordinary SSA at the edge of the lesion comprising at least three crypts, one of which must show SSA-type histology; (2) abrupt transition from ordinary SSA to overt cytological dysplasia or carcinoma within one tissue fragment and (3) exclusion of cases representing TSA arising in an SSA.2 These criteria were used to ensure the series represented a homogenous group. Criteria one was designed to guarantee origin in an SSA, criteria two to ensure the dysplasia or carcinoma was arising in the SSA of interest rather than being from a separate conventional adenoma collected in the same specimen jar and criteria three to exclude the phenomenon of TSA arising in an SSA.[3,4] TSA arising in an SSA can be easily misdiagnosed as SSAD but is a separate entity with distinct clinicopathological and biological features, thus requiring exclusion from the current study.”[2] References) 1. Bettington M, Walker N, Rosty C, et al. Clinicopathological and molecular features of sessile serrated adenomas with dysplasia or carcinoma. *Gut*. 2017;66:97-106 2. Bettington ML, Walker NI, Rosty C, et al. A clinicopathological and molecular analysis of 200 traditional serrated adenomas. *Mod Pathol* 2015;28:414-27. 3. Kim M-J, Lee E-J, Suh J-P, et al. Traditional serrated adenoma of the colorectum: clinicopathologic implications and endoscopic findings of the precursor lesions. *Am J Clin Pathol* 2013;140:898-911. 4. Kim KM, Lee EJ, Kim YH, et al. KRAS mutations in traditional serrated adenomas from Korea herald an aggressive phenotype. *Am J Surg Pathol* 2010;34:667-75.

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