

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 41220

Title: Treatment of high-grade dysplasia and intramucosal carcinoma using RFA or EMR+RFA: Meta-analysis and systematic review

Reviewer's code: 00504708

Reviewer's country: United States

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-17

Date reviewed: 2018-08-18

Review time: 11 Hours, 1 Day

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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 checked="" 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 checked="" 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 was a comprehensive evaluation of RFA/EMR vs RFA alone. The statistical analysis was impressive; especially regarding methodology employed. However, the language is somewhat awkward in parts. This includes the core tip.



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Esophagectomy-you should state was the only option for BE-HGD and mucosal cancer prior to endoscopic ablation. I would not use "traditionally". Regarding content, you must enumerate more details about endoscopic methods-Duette vs Olympus cap-especially since the latter is associated with a bigger resection specimen at the cost of more complications, Also what about the determination of residual BE? was NBI or endomicroscopy used? Was it solely visual. I realize there was heterogeneity but was the biopsy protocol uniform and were multiple pathologists used to confirm HGD? What about "buried" BE? The discussion really needs to be beefed up. Only a few paragraphs and 17 references are not sufficient. Overall, the results are apparently valid but the manuscript need revisions.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 41220

Title: Treatment of high-grade dysplasia and intramucosal carcinoma using RFA or EMR+RFA: Meta-analysis and systematic review

Reviewer's code: 03258862

Reviewer's country: India

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-17

Date reviewed: 2018-08-28

Review time: 7 Hours, 11 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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<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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SPECIFIC COMMENTS TO AUTHORS

Manuscript is of current interest. Need revision. Major comments- 3. Discussion- page 8. Para 1 is poorly understandable. Please rewrite para 1, page 8. 4. Discussion- (page 8. Para3). Authors could have discussed the result of a meta-analysis done by

Qumseya BJ et al (Clin Gastroenterol Hepatol. 2016) and Gastrointest Endosc. 2017 5. Discussion- (page 8. Para 4). there are no systematic reviews comparing the two groups Please see study by Qumseya BJ et al (Clin Gastroenterol Hepatol. 2016) and Gastrointest Endosc. 2017. Minor Comments- 1. Title of article- better to add word meta-analysis 2. Abstract- Please rewrites AIM. 3. Please use uniform word ie thoracic pain or chest pain. 4. Page-4, para-1- Aim of meta-analysis is----- ? was 5. Page-7, para-last- 66%X43%.... ? 66%versus43%. 6. Needs better language editing.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 41220

Title: Treatment of high-grade dysplasia and intramucosal carcinoma using RFA or EMR+RFA: Meta-analysis and systematic review

Reviewer's code: 03549219

Reviewer's country: China

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-17

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Review time: 1 Hour, 13 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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			Conflicts-of-Interest:
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting article with regard to compare the Treatment of high-grade dysplasia and intramucosal carcinoma endoscopic using RFA or EMR + RFA. They included a total of 1950 patients, with 742 in the EMR + RFA group and 1208 in the RFA



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group.EMR + RFA is a safe and efficient method, without major complications, in the treatment of HGD and intramucosal carcinoma, with higher rates of remission than RFA alone. The manuscript is generally well-written except some abbreviations not explained.

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