



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 42603

**Title:** Endoscopic resection techniques for colorectal neoplasia: Current developments

**Reviewer’s code:** 02953922

**Reviewer’s country:** Japan

**Science editor:** Ruo-Yu Ma

**Date sent for review:** 2018-10-23

**Date reviewed:** 2018-10-26

**Review time:** 3 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 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**

This minireview is well written and summarized about current trend of endoscopic therapy for colorectal neoplasia. However following points should be reviewed and re-writetn to have more precise description 1. In page 4 line 6 “It has mainly been applied mainly to small (<7-10 mm) polyps” This phrase should be re-written because



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ESGE guideline does not recommend such large polyps by cold snare. ESGE guideline recommends “cold snare resection is a preferred technique for removal of diminutive polyps(size <5mm)”. In addition, ESGE guideline stated that “CSP for small polyps, however, evidence is lacking”. 2. The image of Figure 2-a is too much magnified. If there is another picture available by which the readers can recognize all tumor lesions at a glance, please replace with the current one. With current picture, it is difficult for readers to recognize the size of tumor and the type of tumor.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

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**Title:** Endoscopic resection techniques for colorectal neoplasia: Current developments

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<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
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		<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**

In the present study, the authors presented “Endoscopic Resection Techniques for Colorectal Neoplasia: Current Developments”. This minireview is interesting. There were no problems about criteria checklists. However, there are some problems which needs some explanations for reader's understanding. 1. In the page4 line 16-20, cold



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snare resection increased rates of positive margins and a decreased resection depth. Also from previous studies, I should comment alert in this manuscript “colorectal cancer may not be suitable for CSP adoption”. 2. In the summary (page4 line26), it recommends additional comment. cold snare resection is becoming the standard of treatment for small polyps (<10mm) “without cancer”. Lesions suspected of cancer with small polyps should be excised by EMR beforehand 3. In the page8 line8, “In addition, ESD has the potential for an en-bloc resection of larger lesions; it should probably be reserved for larger suspicious lesions.” Please state more clearly about suspicious lesions. 4. Underwater EMR technique is also currently discussed. Please add some information at EMR section.

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