



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 60398

Title: Multinational Survey on the Preferred Approach to Management of Barrett’s Esophagus in the Asia-Pacific Region

Reviewer’s code: 03647860

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: United Kingdom

Author’s Country/Territory: Singapore

Manuscript submission date: 2020-11-08

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2020-11-19 16:41

Reviewer performed review: 2020-11-23 17:42

Review time: 4 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Multinational Survey on the Preferred Approach to Management of Barrett' Esophagus in the Asia-Pacific Region by Guan Sen Kew et al. Dear Editor, Thank you for asking me to review this interesting manuscript, that reports the results of an online questionnaire on the management of Barrett Esophagus in Asia. One thousand Asian endoscopists were contacted and 546 responded, most from Japan and China. Criteria for defining BE – the presence of Intestinal Metaplasia, length of BE segment-, modalities of management and surveillance in dysplastic and non-dysplastic BE was significantly different in Japan vs. other countries and between academic vs. non-academic endoscopists. My personal opinion is that the manuscript is potential of interest, considering the relative rarity of BE in Asia, but it needs a thorough revision.

Introduction: The definition of BE is incomplete (or at least reflects only the UK definition) and should be completed by mentioning the presence of M.I.; this is discussed later, but it should be mentioned from the very beginning. M&M What does it mean “regions”? (line 1) please specify. Who were the “regional experts”? Please define experts and how they were selected. How many were selected per each country? Which professional societies were involved? Did you perform a formal Delphi process to prepare the questionnaire? Some questions are difficult to explain: why a second opinion should be asked for indefinite for dysplasia and not for low-grade dysplasia, as recommended by the UK guideline? Results The number of 1016 endoscopists contacted seems to be quite low, considering that only the Japan Gastroenterological Endoscopy Society has 34,578 members in 2019; I imagine that the Chinese Society of Gastroenterology is even larger. Very few endoscopists from other countries (Myanmar, Laos, Philippines, and Australia participated in the study), only 24 (!) from India, 11 from Taiwan. It appears that only a small percentage of all Asian UGI Endoscopists have



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been contacted and the modality of selection should be clarified. Forty percent of the respondents have a scant idea of what BE is, given their definition of the GEJ, and since the vast majority of them are not from Japan, this shows that outside Japan there is an enormous need for education. It is also not clear the distinction between academic and not academic endoscopists: since 76% of endoscopists in Japan seems to know how to define BE, the information between academic and not academic endoscopists may be relevant only for those outside Japan. Discussion. The AGA guidelines (2011) defines BE as the presence of any length of columnar epithelium above the GEJ, provided that IM is present. In 2016 the ACG defined also the minimal extension of BE for diagnosis (> 1 cm) The most striking finding of the study is the wrong GEJ definition by most of the non-Japanese endoscopists. This should be enhanced in the discussion and put in the first paragraph. The sentence of the preference of Asian endoscopists for NBI in the case of BE is speculative. Please omit it. Consider mentioning the recently result of the ASPECT trials when discussing chemoprevention (Jankowski, Lancet 2018) When discussing the therapeutic options for LGD, please consider the need for a second opinion by a pathologist before starting any invasive treatment.



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Title: Multinational Survey on the Preferred Approach to Management of Barrett's Esophagus in the Asia-Pacific Region

Reviewer's code: 02832156

Position: Editorial Board

Academic degree: PhD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: Singapore

Manuscript submission date: 2020-11-08

Reviewer chosen by: Jin-Lei Wang

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

This is a well-written manuscript about the multinational survey of endoscopists concerning the management of Barrett's esophagus. It revealed the gaps between endoscopists of Asian countries and suggested problems to be solved to establish an unified criteria in Asian. I have some concerns to be clarified before acceptance in its present form. 1) The method of recruitment for participants seems to have a possibility of not-negligible selection bias. Show more details how the author recruited the participants to minimize the effect of selection bias. 2) As shown in figure 1, the gaps of numbers of participants for each countries are wide. The proportion of participants among all endoscopists in each countries should be shown. 3) As shown in Table 1, the participants included trainees with 5 years of endoscopic practice. Even if this participant was a well-trained endoscopist, the younger endoscopists should be excluded from this study under well controlled condition. It might be preferable to include only the endoscopists in trainer position.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Oncology

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Title: Multinational Survey on the Preferred Approach to Management of Barrett's Esophagus in the Asia-Pacific Region

Reviewer's code: 03647860

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Singapore

Manuscript submission date: 2020-11-08

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2021-01-04 09:05

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Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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I am fine with the revised manuscript, but for a point: the AspECT trial reports the outcome of high dose of PPI and Aspirin (300 mg) to prevent risk of progression in BE. Please, revise the sentence on AspECT in the discussion.