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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 60484

Title: Diagnostic performance of NICE and JNET classification systems for colorectal cancer and precancerous lesions

Reviewer's code: 02549032

Position: Editorial Board

Academic degree: FEBG, MD

Professional title: Associate Specialist, Doctor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2020-10-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-10-31 17:35

Reviewer performed review: 2020-11-14 09:50

Review time: 13 Days and 16 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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SPECIFIC COMMENTS TO AUTHORS

validated study on the two NBI classification systems (NICE and JNET) for colorectal early cancerous and precancerous lesions between highly experienced (HEE) and less experienced (LEE) endoscopists in one center in China. The authors concluded that there is good agreement for NICE Type 1 and 3 and JNET Type 1, 2A and 3 lesions, but for JNET Type 2B lesions still needs further examinations. The article is very interesting for publication. Some Issues for further clarification: 1. In the core tip the authors proposed for NJET type 2b further study with endoscopic ultrasonography. However, it is well known that for type 2b early colorectal lesions mainly mucosal or submucosal lesions EUS is not usefull!. Please report any relevant literature if any on EUS for early colorectal mucosal lesions. Moreover such an examination for 2b lesions in LST types is troublesome and unreliable. 2. The main conclusion of this study is that the diagnostic ability for type JNET 2b lesions is poor. However, the authors cannot make clear the great significance of such result in the conclusion. The type JMET 2b lesions is the most important for treatment strategy that is curative ESD v/s EMR. This is the main stone of treatment algorithms in Japan that is why the Japanese experts introduce the type 2a and 2b. Obviously the type 2b lesions are the most important for curation and the most difficult to be diagnosed endoscopically. It is very surprising that also HEE cannot diagnose with accuracy these lesions. So please add these comments in the discussion. 3. Minor English grammatical mistakes.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 60484

Title: Diagnostic performance of NICE and JNET classification systems for colorectal cancer and precancerous lesions

Reviewer's code: 03764999

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2020-10-31

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2020-11-14 16:56

Reviewer performed review: 2020-11-14 17:39

Review time: 1 Hour

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

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SPECIFIC COMMENTS TO AUTHORS

This study evaluates the NICE and JNET classification for differential diagnosis of colorectal cancer and precancerous lesions, aiming to clarify the potential difficulty in their clinical application. In order to do so, eighty-seven patients were photographed during nonmagnifying conventional white-light colonoscopy, nonmagnifying NBI, and magnifying NBI, with a total of 125 lesions. Each lesion was evaluated by six endoscopists from the same istitution using the NICE and JENT classifications. Then the sensitivity, specificity, accuracy, positive predictive value (PPV) and negative predictive value (NPV) was calculated for each category of the two classifications. In the end, the study identifies a lower sensitivity of JNET classification Type 2B lesions for the diagnosis of high-grade dysplasia or superficial submucosal invasive carcinoma. The study has several limitations that are indicated correctly in the manuscript, therefore this kind of clinical evaluation could stimulate further and multicentric studies.