

CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number: 10

Manuscript word count: 2300

Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	<p><i>General Information of the Manuscript</i></p> <p>Name of journal: World Journal of Gastrointestinal Endoscopy</p> <p>Manuscript NO.: 68785</p> <p>Column: Letter to the Editor</p> <p>Title: Ethical dilemma of colorectal screening: What age should a screening colonoscopy start and stop?</p> <p>Authors: Alla Turshudzhyan, Alexa Trovato and Micheal Tadros</p> <p>Reviewer code: 03806663, and 05548758</p> <p>First decision: 2021-07-16 01:41</p> <p>Scientific Editor: Chen-Chen Gao</p> <p>Date of signature: <u>August 9, 2021</u> (month/day/year)</p>	[Y]
2	<p><i>Editorial Office's Comments</i></p> <p>Science Editor: 1 Scientific quality: The manuscript discussed at what age should a screening colonoscopy start and stop, based on the report by Flynn et al. (2021). The topic is within the scope of the World Journal of Gastrointestinal Oncology. (1) Classification: Grade B and Grade B; (2) Summary of the Peer-Review Report: This topic would be of great interest to most endoscopists. In the CONCLUSION section, the authors proposed that CRC screening</p>	[Y]

should be extended to adults 75 years or older based on risk factors and patient profile. However, the US Preventive Services Task Force Recommendation Statement (USPSTF) has already recommended that the decision to screen for CRC in adults aged 76 to 85 years should be made, taking into account the patient's overall health and prior screening history. This is similar to the author's opinion. Additionally, while Flynn et al. reported that there was no difference in surgical treatment outcomes when comparing patients aged 85 and older to those aged 75-85 years, they did not compare those groups to patients 74 years of age or younger. Therefore, in the CONCLUSION section, the authors should discuss whether adults over 85 years of age, who have no recommendation of screening according to USPSTF, should be screened, in order to be accepted as a Letter to the paper by Flynn et al. 2. For the decision whether or not to screen for CRC, it is important to clarify not only the reduction of CRC mortality, but also the increase of life expectancy by the intervention. There were no data about long term outcomes in the report by Flynn et al. The treatment for the very elderly, who may have various comorbidities, would not necessarily contribute to increase their life expectancy. Especially in adults 86 years or older, fewer additional life-years would be gained than in adults aged 76 to 85 years. For the discussion of the upper age limit for a screening colonoscopy, we should recognize this point, in addition to the risk of interventions. Authors should describe their opinion on this. Besides, large clinical studies with

	<p>meta-analysis will be needed to discuss this issue and compare the benefits of the present guidelines with the extended approach of screening. (3) Format: There are no figure or table; (4) References: A total of 12 references are cited, including 5 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; (6) References recommendations: There are no references recommended by the peer reviewers. 2 Language evaluation: Classification: Grade A and Grade B. 3 Academic norms and rules: Biostatistics Review Certificate, Institutional Animal Care and Use Committee Approval Document, and Institutional Review Board Approval Document were not necessary. No academic misconduct was found by the Google/Bing search. 4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the World Journal of Gastrointestinal Oncology. 5 Issues raised: (1) Please revise the "Author contributions" section; (2) Please revise the "Corresponding author" ORCID and email; (3) "Core tip" section includes references; (4) References: Revise all the references. Several mistakes have been found. 6 Re-Review: Required/Not required. 7 Recommendation: Conditional acceptance.</p> <p>Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Gastrointestinal Endoscopy.</p>	
3	The fixed headings are copied.	[Y]
4	The title concisely summarizes the main topic of the study and is not too long (no more than 18 words). Words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are avoided.	[Y]

	The title does not start with 'The' and does not include any Arabic numbers or uncommon abbreviations.	
5	A short running title is provided (no more than 6 words).	[Y]
6	The authors' full family (sur)names and full/abbreviated first names are listed on the title page and are consistent with those listed in the signed BPG Copyright License Agreement form.	[Y]
7	The 'Author contributions' passage describes the specific contribution(s) made by each author. The author's names are listed in the following format: full family (sur)name followed by abbreviated first and middles names. <i>e.g., "Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the manuscript. All authors have read and approve the final manuscript."</i>	[Y]
8	The 'Supported by' statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.	[N]
9	The 'Corresponding author' passage provides the corresponding author's full first and family (sur)names, abbreviated title (<i>e.g.</i> , MD, PhD), affiliated institute's name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.	[Y]
10	The Manuscript Tracking information (<i>i.e.</i> , Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors.	[Y]
11	The Abstract section is formatted according to the article-specific	[Y]

	<p>style (structured <i>vs</i> unstructured) and word count thresholds, as follows:</p> <p><u>Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight:</u></p> <p>Non-structured abstract that is no less than 200 words.</p> <p><u>Field of Vision, Case Report and Letter to the Editor:</u></p> <p>Non-structured abstract that is no less than 150 words.</p> <p><u>Research articles:</u> Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words).</p>	
12	<p>The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.</p>	[Y]
13	<p>The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. <i>World J Gastroenterol</i> 2019; In press</p>	[Y]
14	<p>The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract readers.</p>	[Y]

15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [<i>i.e.</i> , "...computed tomography (CT)". First-person pronouns (<i>e.g.</i> , 'I', 'we') are used appropriately to clearly indicate the work performed by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	[Y]
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[N]
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure (<i>i.e.</i> , chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[N]
18	Statistical symbols are accurate. Statistical significance is expressed as ^a $P < 0.05$, ^b $P < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, ^c $P < 0.05$ and ^d $P < 0.01$ are used, and a third series of P values is expressed as ^e $P < 0.05$ and ^f $P < 0.01$. Statistical data is expressed as mean \pm SD or mean \pm SE.	[N]

19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[N]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support (<i>i.e.</i> , providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (<i>i.e.</i> , useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[N]
22	The 'REFERENCES' section lists the references in the Vancouver style. This style uses Arabic numeral in-text citations based on the order of the first appearance of a source in the text. For citations where the author's name is indicated in the text, a superscript number should be placed following the name (<i>i.e.</i> , "Pang <i>et al</i> "). For citations where no author is indicated, a superscript number should be placed at the end of the sentence. Respective examples are: "Ma ^[1] reported", "Pan <i>et al</i> ^[2-5] indicated" ; "PCR has a high sensitivity ^[6,9] ." No superscript numbers are used when the reference number is described in the text; for example, "The experimental method used has been described in reference [8]." The style of reference citations in tables is the same as that in the text (<i>e.g.</i> , Pan <i>et al</i> ^[2-5] , please see reference [8]).	[Y]

23	Journal references have been verified to ensure that there are no duplicate references and that the PMID numbers are correct. For references not yet included in PubMed: the name of Chinese journals is spelled out using Chinese Pinyin, with the first letter of each word capitalized (<i>e.g.</i> , <i>Shijie Huaren Xiaohua Zazhi</i>); the name of journals in other languages are listed according to indexing information retrieved from Google. Book references are presented with all the information relevant to the electronic version.	[Y]
24	The number of cited references is appropriate for the article type, as follows: <u>Commentary</u> : no less than 50; <u>Review</u> : no less than 100; <u>Article</u> : no less than 30/26; <u>Case Report and Letter to the Editor</u> : no less than 1.	[Y]
25	The ethics-related statements are provided in accordance with the manuscript type (<i>e.g.</i> , Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, <i>etc.</i>).	[Y]
26	The names of the peer reviewers and the scientific editor are present at the end of the paper (<i>e.g.</i> , P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
27	The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables (<i>e.g.</i> , +, -, ×, ÷, *) correctly correspond to the definitions in the footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: Figure 1 Pathological changes in atrophic gastritis tissue before and after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F:	[N]
28	Split pictures include flow charts, line graphs, histograms, and graphs including text. Unsplit pictures include meta-analysis	[N]

	diagrams, PCR amplification curves, and survival curves.	
29	The author(s) highlighted the changes made to the manuscript according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with the changes made to the manuscript.	[Y]
31	The revised manuscript is provided (file name: Manuscript No.-Review; <i>e.g.</i> , 870- Review). The letter of peer-reviewers' comments is provided (file name: Manuscript No.-Peer-review(s); <i>e.g.</i> , 870-Peer-review(s)). The response letter is provided (file name: Manuscript No.-Answering reviewers; <i>e.g.</i> , 870-Answering reviewers).	[Y]
32	The related ethics and relevant documents are provided, such as (1) Approved grant application form(s) or funding agency copy of any approval document(s) (file name: Manuscript No.-Grant application form(s)); (2) Biostatistics review certificate (file name: Manuscript No.-Biostatistics statement); (3) Conflict-of-interest statement (file name: Manuscript No.-Conflict-of-interest statement); (4) Clinical trial registration statement (file name: Manuscript No.-Clinical trial registration statement); (5) Institutional review board approval form or document (file name: Manuscript No.-Institutional review board statement); (6) Institutional animal care and use committee approval form or document (file name: Manuscript No.-Institutional animal care and use committee statement), and (7) Signed informed consent form(s) or document(s) (file name: Manuscript No.-Informed consent statement).	[Y]
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36	This document (Checklist of Responsibilities for Scientific Editors) has been saved under the file name: manuscript No.-Scientific editor work list (<i>e.g.</i> , 870-Scientific editor work list).	[Y]
37	A <i>CrossCheck</i> investigation (an effective tool for detecting unoriginal content, enabling our editors to preserve the journal's integrity and the authors' copyright) has been performed for the manuscript <i>via</i> the website: http://www.ithenticate.com/ . The results document contains the following information for the manuscript: "Name of journal", "Manuscript No.", "Columns", "Title" and "Author list". The Figure of the <i>CrossCheck</i> results is saved in JPEG format (.jpg) at 1440 × 680 pixel resolution. The PDF of the <i>CrossCheck</i> results has been saved under the file name: manuscript No.- <i>CrossCheck</i> report (<i>e.g.</i> , 870- <i>CrossCheck</i> report). The Google searches have also been performed to further ensure publication of original content.	[Y]
38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.	[Y]
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