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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 74700

Title: Non-optical polyp-based resect and discard strategy: A prospective clinical study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05548733
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Thailand
Author's Country/Territory: Canada

Manuscript submission date: 2022-01-02
Reviewer chosen by: AI Technique
Reviewer accepted review: 2022-01-05 04:00
Reviewer performed review: 2022-01-24 08:46
Review time: 19 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This prospective study aimed to test the polyp-based strategy using polyp size and number to assign the next surveillance interval for small polyps (<10 mm). This is an interesting study and the results can be applied to routine clinical practice. Please see the below questions/comments 1. How did the authors select the polyps to include in the Polyp-Based Resect and Discard Strategy, and which ones to include in the Optical Diagnosis-Based? This information can be added to the supplementary Figure 1. 2.

The confidence level in the optical diagnosis may contribute to the endoscopists' judgment in the surveillance interval assignment. The authors should report and discuss the level of confidence (low and high) of optical diagnosis. 3. Even though the incidence of malignancy is low in small polyps, it would be helpful to provide the data of malignant or advanced adenoma detected on pathology as advanced histology affects the surveillance intervals and management. 4. Does the location of the polyps (right side vs. left side) affect the decision to apply the PBRD strategy? 5. The macroscopic and microscopic diagnosis of sessile serrated adenoma/polyp can be challenging. Despite the WASP classification, the diagnostic dilemma remains due to the variations of polyp morphology. Which characteristics does the author use for diagnosing sessile serrated adenoma/polyp? 6. The authors proposed that it might be beneficial to limit the use of the PBRD strategy to diminutive polyps only, which would reduce the risk of assigning polyps with high-grade dysplasia or serrated adenomas to longer surveillance intervals, as advanced pathology occurs more frequently in polyps of 6–9 mm than in those of 1–5 mm. Have the authors performed subgroup analysis to compare the benefit of PBRD in polyps of 1-5 mm in size vs. those of 6-9 mm in size?

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05261082
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Turkey
Author's Country/Territory: Canada

Manuscript submission date: 2022-01-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-22 07:13

Reviewer performed review: 2022-02-02 13:19

Review time: 11 Days and 6 Hours

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

SPECIFIC COMMENTS TO AUTHORS

Manuscript titled "Non-Optical Polyp-Based and Discard Strategy: A Prospective Study" has been assessed for publishing on World Journal of Gastroenterology according to the journal rules Authors conducted a prospective trial to determine whether a polyp based resect and discard strategy (PBRD) can reach the required quality benchmark and how it would perform compared to optical polyp diagnosis (OPB). Findings of manuscript are original because authors reported a high rate of surveillance agreement rate between PBRD and pathology based surveillance. Furthermore serious decrease in histopathological assessment will provide a cost benefit for all private insurance systems or government based health care systems It is utmost importance to find a cheap and accessible way to prevent gastrointestinal tract cancer. Although screening with colonoscopy and screening with endoscopy -especially in East Asia- lowers the prevelance, incidence and mortality of these cancers, there is still way to go. So this study is another confirmation of screening colonoscopy is important and try to find a answer regarding which strategy to use when we find polyp during colonoscopy. I think the manuscript made valuable contributions regarding the colon cancer screening so it can be published after minor revisions. Comments are listed at the bottom. 1)

High grade dysplasia is not a separate pathologic type. Dysplasia is usually reported with polyp pathologic type. For example, "tubulous adenoma and low grade dysplasia "or "Villous adenoma and high grade dysplasia". Authors reported that 1.4% of polyps were "high grade dysplasia" When all other pathologic types were summed the total rate was % 100 but it is misunderstood that high grade dysplasia is another pathologic type from Table 2. I think this must be corrected. Author can present this data in an seperate section in Table 2. 2) When they used the PBRD strategy used by

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endoscopist according to 2012, agreement rate was 76%. The rate is not very high that can be recommended for clinical practice. Authors made a statement that this approach is a safe approach that can be easily applied in clinical practice by endoscopists but I think this statement cannot be made until it is approved. 98% agreement rate is the rate of post hoc analysis. In clinical practice; this post hoc analyse approach is impossible so I think authors must change the statement as "may" and suggest further studies using this approach that they create 3) I suggest authors to change the figure legend. They may change Figure 3A as Figure 3 and Figure 3B as Figure 4 because two figures are exactly different from each other. 4) What is the benefit of same day surveillance recommendation instead of pathology based surveillance recommendation? Cost benefits regarding the decreased histopathologic assessment is the target but I think there is no benefit other than patient satisfaction because patient do not have to wait the pathology results. Of course it will be very valuable outcome when patient oriented approach is considered but authors may discuss this issue except the cost benefit