Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 78694

Title: Endoscopic mucosal resection-precutting vs. conventional endoscopic mucosal resection for sessile colorectal polyps sized 10–20 mm: A multicenter randomized controlled trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00057299
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Professor
Reviewer's Country/Territory: South Korea
Author's Country/Territory: China

Manuscript submission date: 2022-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-31 23:53

Reviewer performed review: 2022-08-11 23:09

Review time: 10 Days and 23 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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The present manuscript reports prospective comparison of the outcomes of precutting EMR (EMR-P) and conventional EMR (CEMR) for 10-20 mm sessile colorectal lesions. Topic is interesting and manuscript is well written. However, there are some concerns to be clarified, and revisions need to be made. 1. Introduction - Page 4, line 17, 'large lesions (≥2 mm)' seems to be a typographical error. 2. Materials and Methods, Results 1) Please, describe method to measure lesion's size because the size measured under endoscopy and gross measurement of resected specimen might be different. 2) The authors defined expert endoscopist as having more than 1000 colonoscopies and proficient experience of EMR and ESD. Could you explain in detail why this definition was used? In addition, please provide the characteristics of participating endoscopists in detail. 3. Discussion 1) Page 12, line 21, 'likely attributed to the only case of piecemeal resection in the EMR-P group during the removal of pedunculated polyp' What does the sentence mean? Randomization was appropriate? 2) Although the study included the small portion of serrated lesion (SL), the endoscopic resection of SL shows somewhat different outcomes compared to that of conventional adenoma. Please, discuss regarding these points.

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 78694

Title: Endoscopic mucosal resection-precutting vs. conventional endoscopic mucosal resection for sessile colorectal polyps sized 10–20 mm: A multicenter randomized controlled trial

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03646649
Position: Editorial Board
Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-07-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-19 22:35

Reviewer performed review: 2022-08-29 22:14

Review time: 9 Days and 23 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	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review the manuscript titled "Endoscopic mucosal resection–precutting (EMR-P) vs. conventional endoscopic mucosal resection (CEMR) for sessile colorectal polyps sized 10–20 mm: a multicenter randomized controlled trial." Here are my comments: The current manuscript describes prospective comparative randomized study demonstrating the efficacy of EMR-P over CEMR in medium-sized (10–20 mm) colorectal polyps. The authors concluded that EMR-P served as an alternative to CEMR to excise non-pedunculated colorectal polyps sized 10-20 mm, particularly polyps >15 mm in diameter, with higher R0 resection and en bloc resection rates without additional adverse events. Overall, this manuscript has detailed work description. However, in my opinion, further improvement can be made, if the following issues are addressed: Major items 1. As stated by the authors, several improved EMR techniques have been developed, such as EMR-P, underwater EMR, and tip-in EMR. What is the reason that made the authors focus on EMR-P? Please state the reason in the INTRODUCTION section compared with other EMR techniques. 2. In the MATERIALS AND METHODS section, the authors stated that the polypectomy snares were chosen at the discretion of each institution. As the snare used is crucial for the success of EMR; please describe exactly what kind of snare has been used in this study. In addition, please describe the injection needle and injection solution used. 3. Given the importance of the high-frequency generator in snaring, please elaborate on the high-frequency generator used here. In addition, mention the settings, both for the precut and during snaring. 4. No histological definition was provided in this study. As shown in Table 2

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

(histological type), tubular adenomas were classified into three subtypes: tubular, tubular adenoma with low-grade dysplasia, and tubular adenoma with high-grade dysplasia. However, based on the WHO classification, tubular adenomas should be classified into two types: low-grade and high-grade. Villous adenomas or tubular villous adenomas should be classified into two types as well. Furthermore, "cancer" had an ambiguous expression. Did it include intramucosal and submucosal invasive carcinomas? Thus, these two factors should be clearly separated. 5. In this study, EMR-P (9.1%) had a higher intraoperative bleeding rate than C-EMR (6.4%), although the occurrence of intraprocedural bleeding was not significantly different between these groups. This may be due to the limited case numbers included in this study. Furthermore, did bleeding occur during the precut? Elaborate about the intraoperative bleeding in detail. 6. EMR-P is still a technically challenging protocol, but not as much as ESD. In this analysis, the experts performed the EMR-P procedure in all but one case. This is one of the limitations of the present study. 7. The authors concluded that the potential benefits of EMR-P are promising in clinical practice, particularly for lesions >15 mm in size. I think that this is an overstatement. EMR-P is technically challenging and a time-consuming practice, but not much compared to ESD. Therefore, EMR-P should definitely be considered as an alternative treatment for non-pedunculated colorectal polyps sized 10-20 mm. 8. Endoscopic images or schemas of the EMR-P procedure would help readers understand the EMR-P procedure. Please include the images/schematics. Minor items: 1. In the abstract, the authors concluded that EMR-P serves as an alternative to CEMR to remove non-pedunculated colorectal polyps sized 10-20 mm, particularly polyps >15 mm in diameter. However, sub-analysis for polyps >15 mm was not included in the RESULTS section of the abstract. Please include the relevant information. 2. In the MATERIALS AND METHODS sections, the Paris classification was used to classify the morphology of polyps with superficial appearance: pedunculated (0-1p), sessile (0-1s), or

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

mixed (0-1sp), nonpolypoid (0-11a), flat (0-11b) or slightly depressed (0-11c). The Paris Classification uses Roman numerals. Please do the needful corrections. 3. In the MATERIALS AND METHODS section (histological examination), the authors stated that all the biopsy specimens were evaluated based on histologic types and involvement of the resection margin. The expression "biopsy" confuses readers. Please correct. 4. In the RESULTS section, the authors stated that four patients in the EMR-P group and three in the C-EMR group were excluded. Please briefly explain the reasons for this exclusion. 5. In the final paragraph on page 12, it is stated that, “although EMR-P also showed a higher R0 resection rate, a significant difference was found.”–this is not that a "no significant difference"?