

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 79564

Title: Impact of looping on premalignant polyp detection during colonoscopy

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06183516

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Researcher

Reviewer's Country/Territory: Syria

Author's Country/Territory: Japan

Manuscript submission date: 2022-09-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-06 12:21

Reviewer performed review: 2022-09-13 16:07

Review time: 7 Days and 3 Hours

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 Grade E: Do not publish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



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statements

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for this interesting and valuable paper. I can only stand in respect for this professional work. This study will change our view to looping during colonoscopy. My comments: The title reflects the main purpose of this study. Abstract provides summarized data. Key words show the focus points of the paper. Background shows brief information about the known data and the significance of this study. According to the suitable study design, paper could achieve the main purpose of this study. The manuscript interprets the findings and discuss them logically. Tables were sufficient and clear.

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Peer-review model: Single blind

Reviewer's code: 03251421

Position: Editor-in-Chief

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-06 11:34

Reviewer performed review: 2022-09-14 15:58

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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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

This article is a retrospective study to clarify the effect of looping on colorectal premalignant polyp detection. And it provides promising results for the independent association between looping severity and high detection rates of premalignant polyps. The study design and statistics analysis are rigorous and appropriate. However, the definitions of different looping severity classification are not rigorous enough. Also, there are several questions should be explained or solved. Suggestions are listed as below: 1. In the part of Introduction: "Factors related to premalignant polyp detection include patient characteristics, such as age and sex[8, 9], and endoscopic procedure-related factors, such as cecal intubation time[10] and withdrawal time[11-14]." It is not rigorous. Why not consider the influence factors of polyp itself, such as size and number. 2. In the part of Definition of looping, the definitions of different looping severity classification are not rigorous enough. Authors only assess looping by number of straightening the colonic loop. From the references 19 and 24 you cited, loops occur in the transverse and sigmoid colons, and the sigmoid loops include alpha and N shapes. So, for the different shape loops, whether the ways of straightening the colonic loop are different. Does this reason affect the assessment of loop? Although authors write a lot of methods in the part of Colonoscopy, I think they should reconsider this problem. If authors have their own considerations, please explain it. This problem is the most essential. 3. In the part of Colorectal polyp, the definitions of CSSPs and High-risk adenoma are out of sequence. Because whether preamble or postamble, their sequence is inappropriate. 4. In the part of Methods of Abstract, the data about the number of adenomas and SSLs were not investigated. However, in Table 1 and Table 2, they were included.

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Reviewer's code: 03806663

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Japan

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Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-09-15 13:26

Reviewer performed review: 2022-09-18 12:03

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

SPECIFIC COMMENTS TO AUTHORS

This is an interesting article. I have some comments mentioned below: 1-This is a retrospective, single-center study. 2- can you please say the causes of incomplete cecal intubation and whether looping is a cause or not? 3-in your opinion, what are the solutions to decrease the looping rate? 4- please add a degree of freedom for each p-value.

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Reviewer's code: 06198465

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Japan

Manuscript submission date: 2022-09-06

Reviewer chosen by: Dong-Mei Wang

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Reviewer performed review: 2022-09-22 12:40

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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
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The idea of this article is excellent, and the correlation between the colonic loop and ADR must be evaluated. I have three questions. First, the authors said those with a history of colorectal surgery were excluded. How about women who had gynecologic surgery such as hysterectomy?[1] Second, Since mucosal exposure can affect ADR[2], successful de-looping after cecal intubation should be evaluated, not only the degree of the loop during insertion. Third, For the cases with a severe loop, which is difficult to insert, the possibility that it was performed by a more experienced endoscopist cannot be excluded. So it is necessary to check whether the experience of endoscopists and the degree of the loop is even distributed. ref) 1.Adams C, Cardwell C, Cook C, Edwards R, Atkin WS, Morton DG. Effect of hysterectomy status on polyp detection rates at screening flexible sigmoidoscopy. *Gastrointest Endosc.* 2003;57(7):848-853. 2.McGill SK, Rosenman J, Wang R, Ma R, Frahm JM, Pizer S. Artificial intelligence identifies and quantifies colonoscopy blind spots. *Endoscopy.* 2021;53(12):1284-1286.