

PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 66772

Title: Uptake and outcomes of small intestinal and urinary tract cancer surveillance in Lynch syndrome

Reviewer's code: 04737354

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: New Zealand

Author's Country/Territory: United States

Manuscript submission date: 2021-04-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-19 13:50

Reviewer performed review: 2021-06-19 14:54

Review time: 1 Hour

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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Introduction - well written Methods - well written Results:

Para 1 -

Median age - specify units (i presume years) and ideally IQR or range in paranthesis
I understand, there were three physicians who discussed risks / benefits of extracolonic cancer surveillance. Was there any association between physician and people choosing to undergo surveillance?

How do you explain MSH2 patients choosing to undergo SIC surveillance and not UTC surveillance, an effect not seen with MLH1 patients ? This needs to be under-stated, and might just be a type 1 error. You have carried out multiple univariate analysis (18 each) in Table 3 and Table 4, and it is only natural to have type 1 error with such large number of analyses without adjustment for p value.

Last Para in Results - the last statement - 'race or ethnicity was not associated with choosing or completing surveillance' contradicts the previous paragraph where people of Jewish ancestry were found to be more likely to complete UTC surveillance.

Discussion - The statement 'Individuals with Lynch syndrome prefer transparent and personalized discussions pertaining to their management that include information regarding extra-colonic cancer surveillance' - I am not sure how helpful is this. While such a statement does not need a reference cited, more importantly, one would argue that Every patient prefers transparent and personalized discussion pertaining to their health needs.

What were the findings in those 5 VCE cases which were deemed as false-positives? Were findings in all 5 cases suspicious for adenocarcinoma ?

Positive predictive value / sensitivity & specificity of the test has been discussed in the manuscript. It would be useful to have PPV / Sensitivity / specificity etc with 95%CI for your cohort in Results section to support this.