PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 90022

Title: Tumor size discrepancy between endoscopic and pathological evaluations in colorectal endoscopic submucosal dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03656594

Position: Editorial Board

Academic degree: DA, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2023-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-23 02:07

Reviewer performed review: 2023-11-23 08:10

Review time: 6 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No scientific significance
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) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I am sincerely pleased to be invited to review this manuscript submitted for consideration of publication in World Journal of Gastrointestinal Endoscopy. The authors assessed the differences between tumor diameters of preoperatively and postoperatively assessed colonic ESD lesions and analyzed the factors that influence the failure of accurate assessment of tumor size. The idea is somewhat innovative, but the conclusions of the article seem to be unconvincing. 1. Is the borderline value of 33% defined for over- and under-excision of lesions convincing? Is it because exceeding this threshold will affect the prognosis of patients and make them prone to metastasis or recurrence? The choice of this threshold may require more explanation. 2. Similarly, is the definition of expert ill-considered and is 100 cases of ESD experience too little? Could experts be categorized into more groups based on years of endoscopic experience rather than a dichotomous classification such as whether they are experts or not. 3. In Table 4, the p-value of "Experience in Endoscopist-related factor" is greater than 0.05, is it still necessary to include in the next multifactorial analysis? 4. Is the inclusion of only 16 lesions in the "Overscaling group" in Table 6. too few?

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Peer-review model: Single blind

Reviewer's code: 05371771

Position: Editor-in-Chief

Academic degree: MD, PhD

Professional title: Chairman, Director, Full Professor, Senior Editor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Japan

Manuscript submission date: 2023-11-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-24 03:30

Reviewer performed review: 2023-11-26 15:56

Review time: 2 Days and 12 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The experimental and control groups are systematically set up in detail, the research ethics are impeccable, and there is a separate category for statistical analysis. The limitations of the study are also well summarized at the end.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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 [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

Thank the authors for sharing their research and drawing our attention to the tumor size discrepancy between endoscopic and pathological evaluations in colorectal ESD. Two reviewers have already given their opinions. Regarding the reply submitted by the authors, contacting the previous reviewer for reevaluation may be better and necessary. From my point of view, I have some suggestions as follows: 1. The authors mentioned, "However, the lesion size is effective in the technical difficulty of ESD. Therefore, accurate estimation of the lesion size is important for a safe and secure procedure" in answering Reviewer 2. But in fact, the more critical impact factor is the depth of the lesion rather than just the size of the lesion. Such a response can easily cause unnecessary misunderstanding for the reader. In addition, the lesion size is no longer the biggest obstacle for a true ESD specialist. Therefore, it may also be an obvious flaw in the study design. 2. The author's definition of experts as those with 100 ESD cases is inappropriate, especially in Japan, a country with a wealth of ESD cases and experience, so I agree with reviewer 2. As for the literature published in 2016 cited by the authors as a reference for the definition of expert, I'm afraid I have to disagree with it. This paper was published 8 years ago, and its research data is much older, which does not represent the definition of an ESD expert that should be published in the research published in 2024 and will seriously affect the results of this paper. It is hoped that the above suggestions will be helpful to the author's subsequent research and papers.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Title: Tumor size discrepancy between endoscopic and pathological evaluations in colorectal endoscopic submucosal dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05461735

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor, Doctor, Surgeon

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Japan

Manuscript submission date: 2023-11-22

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2024-01-01 12:16

Reviewer performed review: 2024-01-02 12:14

Review time: 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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
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statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors responded well to every point of concern. Although accurate size estimation may not be necessary for experienced endoscopists (The size does not matter for ESD), this study pointed out the discrepancy in polyp size estimation between endoscopy and pathology (pinned specimen). This is the truth that endoscopists know, so they report the polyp size by measurement on pinned specimens. For real-time accurate endoscopic measurement, AI technology may help us soon.