

## Answering reviewing

**Reviewer's code:** 03646568

### COMMENTS TO AUTHORS

To the Editors of World Journal of Gastroenterology. Re: Review entitled Evolving management of Metaplasia & Dysplasia in Barrett's epithelium This review well summarizes the background, diagnosis and management of esophageal Barrett. The content of the review is constructed so that many readers can understand well. It is likely to be good the sections of management is constructed by three parts, non-dysplasia, low grade dysplasia and high grade dysplasia. Therefore, this review might be useful for readers for better understanding of esophageal Barrett and is worth while to be published in the Review section of the World Journal of Gastroenterology.

1- Minor revision: Spelling of ABSRTACT is mistyped.

**ANSWER:** *thank you, we corrected that*

**Reviewer's code:** 03219312

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I think this is a well written review. I only had a few comments/suggestions to make.

1- First, I think your Table 2 is a key table in the paper. I would expand the discussion a little more to emphasize the differences in managing Barrett's.

**ANSWER:** *thank you, we accepted that, and the discussion was updated to highlight differences in guidelines*

2- Second, I would point out the limitations of any screening program would be that some patients without traditional risk factors (eg, male gender) can still present with Barrett's. A paper touching briefly on this is: Desilets DJ, Nathanson BH, Navab F. Barrett's esophagus in practice: gender and screening issues. Journal of Men's Health. 2014 Dec 1;11(4):177-82. It would be interesting if you could add a paragraph (I realize you have word limit constraints) or a few sentences highlighting the pros and cons of current screening proposals for Barrett's.

**ANSWER:** *thank you, screening issues/benefits were expanded according to recommendations*

**Reviewer's code:** 00035938

### COMMENTS TO AUTHORS



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General comments: R Evans et co-workers present a review on epidemiology of Barrett's oesophagus and its progression to high grade dysplasia and oesophageal cancer. They compare current management guidelines for non-dysplastic and dysplastic Barrett's oesophagus. However, often the reader would be better advised to read the current guideline directly. The strength of the paper is the comparison of different guidelines. Specific comments:

1- Abstract: Pen ultimate sentence in the abstract needs rephrasing.

**ANSWER:** *we accptedthat, and the abstract is updated.*

2- The review contains spelling mistakes and several incorrect phrases:

a- In the first sentence under "Screening" it is stated that screening is a way to reduce cancer risk.

**ANSWER:** *thank you, we changed to highlight that screening potentially identifies earlier disease*

b-Endoscopic screening is not ineffective in identifying BO but too costly and inefficient.

**ANSWER:** *thank you, we changed that*

c-The complete remission rate of 90% for ER refers to complete endoscopic resection-this should be clearly stated.

**ANSWER:** *thank you, we changed that*

d-The discussion on surgical mortality rates are confusing: How can oesophagectomy be considered for "BO alone"?

**ANSWER:** *thank you, we changed that*