

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 43212

Title: Prevention of overuse: a view on upper gastrointestinal endoscopy

Reviewer's code: 00073423

Reviewer's country: Lithuania

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-01

Date reviewed: 2018-11-03

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This paper reviews the approach to the overuse of upper gastrointestinal endoscopy. It is very important issue. As authors state in their review there are some strategies and algorithms to avoid too much endoscopies. Nevertheless, only some of them could be widely implicated and accepted. Authors conclude that there is no single best strategy.

Therefore, authors suggest for a future studies to look into combination of clinical assessment strategies. In general, the paper is very comprehensive and well written. I would be interested to have an author's approach to some issues: 1. Personally I would be interested what is authors' approach to repeated endoscopies. As the repeated endoscopies constitutes significant number of all upper endoscopic investigations. Should the approach be the same as for the first endoscopy or can we be more strict on indications for repeated endoscopy? 2. I believe, that the „H. pylori test and treat strategy“ must be emphasized as it is not only a way to avoid endoscopy, but also to prevent peptic ulcers and gastric cancer.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 43212

Title: Prevention of overuse: a view on upper gastrointestinal endoscopy

Reviewer's code: 02549032

Reviewer's country: Greece

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-01

Date reviewed: 2018-11-08

Review time: 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a detailed review article on overuse of upper GI endoscopy in dyspepsia patients. This is interesting topic in terms of medical policy and structure of medical systems. However, there are some major issues: 1. Obviously it is well proved that endoscopy adds very little to further management of dyspepsia so no new information is given in



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this review. The important issue is the adherence of worldwide medical community to guidelines, credentials algorithms etc.. 2. Of course in countries where endoscopy is too cheap it is more cost-effective to perform endoscopy to everybody instead of breath test only for HP. 3. Also endoscopy has a placebo action as well. 4. PPIs have been related to serious side effects especially in long term treatment so it is not advisable an empirical therapy with PPI. This issue needs further evidence and studies. 5. In contrast to Asian countries, where there are currently screening endoscopic strategies for prevention of gastric cancer, no such screening programs exist in the west, and this is the reason of very low incidence of diagnosis of early gastric cancer in the west, where cancer is mainly diagnosed in advanced stages. Gastric cancer in early stages is asymptomatic and the alarm symptoms the authors reported, are symptoms of advanced gastric cancer. In the modern era of ESD we have to force medical systems to introduce screening programs in order to increase the incidence of diagnosis of early gastric cancer. 6. The authors stated in page 6 second paragraph of <<clinical assessment>>: <<studies consistently failed to detect improved cancer detection rates>>. To my opinion this is not due to endoscopy but due to low quality of endoscopic practice in the West mainly based on Wight light endoscopy and low training of western endoscopists to modern magnifying techniques and so a mean endoscopists has no experience to recognize the early gastric cancer, which can be misdiagnosed as erosion. 7. I cant understand <<true indication for UGI endoscopy>>. What about screening for gastric cancer? So the strategies <<test and treat>> and <<empirical treatment>> may be not beneficial in countries where endoscopy is overall available and cheap and also it is not beneficial for screening gastric cancer.

INITIAL REVIEW OF THE MANUSCRIPT

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☐ The same title

☐ Duplicate publication

☐ Plagiarism

☐ No

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☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 43212

Title: Prevention of overuse: a view on upper gastrointestinal endoscopy

Reviewer's code: 00761553

Reviewer's country: Spain

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-01

Date reviewed: 2018-11-18

Review time: 17 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The study deals with one of the problems most GI units face worldwide, which is the overuse of upper GI endoscopy referrals. The authors revise the current evidence and offer several options to reduce this. Sometimes the manuscript is a bit redundant. An increase in the number of Tables or Figures could help the reader. Also, the authors



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could be a bit more precise when make suggestions on how the interested reader could put in practice these recomendations. The authors could also offer additional options, since I suspect the four offered are being implemented in many centers with no major impact.

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- ☐ No

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- ☐ No