

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 49456

Title: Effective use of the JNET classification based on diagnostic performance and confidence level

Reviewer's code: 04025355

Reviewer's country: France

Science editor: Ying Dou

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Reviewer performed review: 2019-06-11 11:49

Review time: 4 Days and 20 Hours

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:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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 checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

First, this manuscript proposed a validation of JNET classification for endoscopists. It is a very interesting study with a review of rare original articles and of the enormous serie of the authors. After readind this article, we are convinced that this classification is very



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interesting, probably easier to use for endoscopists but not completely convinced that it is better than the NICE classification. See the commentaries in the attached file. Second, authors said, and we completely agree, that the goal of a classification will enable endoscopists to identify almost all neoplasia, to appropriately determine whether to perform en bloc resection or not, and to avoid unnecessary surgery. Authors could have said in their series, how many unnecessary surgery had been performed and how many necessary surgery had not been performed. Third the future direction should be to compare in a same endoscopic and histopathologic center the accuracy of the classifications JNET and NICE, for example by a randomization of the endoscopic "expert", blind each other: one class with JNET and the other with NICE. Then confrontation with histopathologic examination

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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

BPG Search:

- ☐ The same title
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- ☐ Y] No