



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 55246

Title: Colon mucosal neoplasia referred for endoscopic mucosal resection: Recurrence of adenomas and prediction of submucosal invasion

Reviewer's code: 02543838

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2020-03-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-03-10 08:43

Reviewer performed review: 2020-03-13 16:16

Review time: 3 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input 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



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SPECIFIC COMMENTS TO AUTHORS

(Note: I am not a native English speaker) This study , a retrospective analysis of large sample size is quiet valuable to search the predict factors for the invasion and complete resection (author described as recurrence rate) of colonic polyps based on the morphology before EMR. The purpose of the study was clear, the design and method were reasonable, the results were credible, the discussion was clear , and the language was fluent. The manuscript could be published if the conception of “recurrence rate “was modify them for clarity. It is hard to accept the conception that a benign polyp “relapse “ after only 4 months of resection . EMR and ESD are two common endoscopic surgery for colonic polyps. EMR is of simple procedures and short time consuming. However, several pieces resections are required for large lesions, which is easy to result in residual lesions or called uncomplete resection (just as reported in this paper when the lesions are larger than 4cm). In contrast, ESD offers en bloc resection of larger flat or sessile lesions though it is difficult to operate and time-consuming.



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 55246

Title: Colon mucosal neoplasia referred for endoscopic mucosal resection: Recurrence of adenomas and prediction of submucosal invasion

Reviewer's code: 03251421

Position: Editor-in-Chief

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2020-03-10

Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

1、 The authors defined recurrence/residual as histological confirmation of adenoma at 4-6 months (SC), whereas, recurrence and early recurrence is mentioned separately in the manuscript. How to distinguish recurrence and residual? And what is defined as “early recurrence” ? Whether the residual rate was calculated? 2、 In the part of Introduction, “Until recently, large colon polyps have been treated most commonly with either open or laparoscopic surgical resection” , in the part of Discussion, come to the conclusion that “EMR of larger polyps is a safe and viable alternative to surgery”, however, without any data presentation of surgery, which makes the argument less persuasive. 3、 In the part of Results, “At surveillance colonoscopy (SC), 354 post-EMR scars were examined, and the remaining did not undergo (SC) due to carcinoma, incomplete or partial resection of adenoma at initial EMR, no follow-up available, or other reason.” To my confusion, patients with carcinoma and incomplete or partial resection of adenoma theoretically require intensive surveillance, why didn’t they undergo surveillance colonoscopy? What’s more, patients with incomplete or partial resection of adenoma may be at high risk of recurrence, the authors calculated the adenoma recurrence rate of 21.8% that excluded those patients, evidently the reality of the rate is doubtable.



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 55246

Title: Colon mucosal neoplasia referred for endoscopic mucosal resection: Recurrence of adenomas and prediction of submucosal invasion

Reviewer's code: 00033055

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

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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
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SPECIFIC COMMENTS TO AUTHORS

An interesting paper describing a large (500 cases) single-center series of patients with > 2 cm colon polyps treated with EMR. The aim of the study is to recognize factors that could predict the presence of submucosal invasion. The study is clear and well written. Also the results are clearly exposed and are potentially very useful for the readers. Some minor problem are present in the study: A clear definition of cancer and SMI should be added: authors describe the presence of 29 cancers and 23 SMI. Are the 23 cases with SMI included in the 29 cancers? If this is the case, which are the characteristics of the remaining 6 cancers (muscular invasions?); if they represent 2 different groups, which are the criteria to define one group cancer and the other SMI? Regarding the factors associated to SMI at univariate analysis Kudo pit pattern results to be significant; it should be, however, better clarified which Kudo pattern is associated to the risk; in the previous sentence, authors state that the majority of SMI have a Kudo III L pattern; this sentence could be misleading considering that the same rate is present also in patients without SMI. In table 3 it is reported that the Kudo 5 pattern results to be significantly associated to SMI using as reference the other patterns; however, in brackets, also III L, IV and Vn are reported. What does it mean? In the chapter: "Multiple logistic regression analysis of risk factors for recurrence of adenomas" in the fourth line the value regarding the OR for lesion size 21-30 mm is lacking. In table 1, if you consider the median you should report the range and not the SD; otherwise, you should report the mean (if applicable)



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Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 55246

Title: Colon mucosal neoplasia referred for endoscopic mucosal resection: Recurrence of adenomas and prediction of submucosal invasion

Reviewer's code: 02535507

Position: Editorial Board

Academic degree: MD

Professional title: Adjunct Professor, Associate Professor, Senior Scientist

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2020-03-10

Reviewer chosen by: AI Technique

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input 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
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SPECIFIC COMMENTS TO AUTHORS

In the present paper, a single Center experience about “Advanced Mucosal Neoplasia Referred for Endoscopic Mucosal Resection” is reported. The topic is of great interest, especially for the cost/benefit advantages. Raised comments are: • Abstract: it is not structured according to Editorial guidelines (i. e. Background and aim is a single section); the first sentence of Conclusions, “This is one of the largest single-center studies reporting...” seems to be an introductory/aiming aspect more than a conclusion. •

Core tip is absent. • Introduction: the aim of the study is lacking. • Institutional Review Board approval of this study and informed consent need to be better detailed. •

“For immediate follow-up, we telephoned patients within a week and recorded any adverse events”: a week seems to be a period too long to detect immediate complications “Perforation that develops after patients are discharged from the hospital, and patients presenting again to the hospital with abdominal pain, distension and signs/symptoms of peritonitis.”; please detail. • Results: “cancer was found in 29 cases” and “submucosal invasion was found in 23 cases”; a spontaneous question is: does submucosal invasion define the presence of cancer? If yes, as well-known, how do Authors explain this discrepancy? • Finally, is a follow up period of 4-6 months adequate to establish cancer healing?