

13 June 2020

TO THE EDITORS OF WORLD JOURNAL OF GASTROINTESTINAL ENDOSCOPY

Dear Sir,

There are at least 9 different GI society guidelines issued on endoscopy during the COVID-19 pandemic, and we summarise them in a table as well as provide a perspective on implementing some of these measures amidst this pandemic.

We substantially revised the previous version of this invited review with point-by-point addressing of comments. We hope this would be of interest to you and the journal readers and hope to hear from you.

Best Regards,



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Response to Reviewer Comments:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Since the manuscript was Expert Recommendations type, no additional comments for the author(s).

[Thank you for the review.](#)

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: The idea of summarising information on endoscopy during COVID-19 pandemic is good. However overall, the manuscript lacks detail. General statements eg: limiting staff (but how many?), conserving resources, reducing electives are common knowledge. For your manuscript to be impactful, you need details (how many cases your institution usually perform, how's the trend over last 6 months, what are the type of cases performed now and breakdown of cases, how many endoscopy rooms are there). These details are useful so that readers can apply accordingly to their institution. The reference source of the manuscript is poorly cited too. Authors should recognise that decision for cancellation of cases doesn't depend on patient's symptoms/presentation but resources available and logistics arrangement. There are many general statements eg 'non-urgent symptoms', 'high-risk procedure', 'only essential staff', 'standard cleaning and disinfection', 'standardised reprocessing procedures' etc. All these need to be defined and specified, when, how, why.

[We have provided additional details as requested. We are a mid-sized endoscopy unit in an academic medical center performing in excess of 17,000 procedures per year. Due to enlightened healthcare leadership, we have patient symptoms and presentation are bigger limiting reasons than resource availability but we recognize that not every endoscopic unit has that luxury in the text. We have further broken down the pre-procedure evaluation to include specific details of each society guideline in the summary table.](#)

Reviewer #3:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: As a guideline document for endoscopic gold during the popularity of COVID-19. I think the author has done an excellent summary. As a reviewer, I think the author's language, content and forms are excellent.

Thank you for the kind comments.

Step 6: Editorial Office's comments

The author must revise the manuscript according to the Editorial Office's comments and suggestions, which listed below:

(1) Science Editor: Recommend for rejection. Scientific classification: Grade A, Grade C and Grade D. Language classification: Grade A, Grade A and Grade B. Scientific classification does not meet the publication standard of WJG. The idea of summarizing information on endoscopy during COVID-19 pandemic is good. However overall, the manuscript lacks detail. This manuscript does not provide new information, nor does it summarize the available information well. There are not substantial details to make it impactful. The statements are too general and are common knowledge to most readers. Therefore, I suggest the Editorial Office director reject this manuscript, and allow the authors to resubmit after major revision.

We have substantially revised the comparison table to include more detail so that the reader can compare and contrast the different GI society guidelines.