

PEER-REVIEW REPORT

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Title: Diagnostic efficacy of Japan Narrow-band-imaging Expert Team and Pit pattern classifications for colorectal lesions: A meta-analysis

Reviewer's code: 03026925

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Reviewer chosen by: Le Zhang

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" 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

The authors conducted a systematic review, and meta-analysis which showed the diagnostic efficacy of JNET classification was equivalent to that of pit pattern classification as both classifications were divided into four major categories according to the similar histopathology. This study is almost well-written and will be so useful for readers and endoscopists in clinical situation. There are comments below.

1. In the section of introduction, the authors showed "hyperplastic polyps (HPs), and sessile serrated polyps (SSPs) (hyperplasia /SSP) are recommended for observation". However, large or SSA/P with cytological dysplasia has the potential of developing into a carcinoma. Therefore, we can not decide the non-resection for all SSA/P lesions (the terminology" SSA/P" was changed into "SSL" according to the WHO guideline)
2. In the section of the Discussion, they showed "Pit pattern classification is the most frequently used criteria for the detection of colorectal neoplasms". However, pit pattern classification is useful not for detection but for the accurate diagnosis. Please reconsider it.
3. In the section of the Discussion, they showed "Type 2B lesions should be resected en endoscopic submucosal dissection (ESD) to obtain a precise histologic diagnosis concerning the invasion depth and determine endoscopic curability." However, when the submucosal injection is enough for snaring, smaller cancerous lesions will be preferable for EMR instead of ESD.
4. Generally, large lesion, especially for pedunculated lesions, is difficult to be diagnosed accurately. More discussion about these relationships between the morphology and the pathological findings will be very important for all readers. Please discuss it.