

CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number: 36

Manuscript word count: 10024

Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	<p><i>General Information of the Manuscript</i></p> <p>Name of journal: World Journal of Gastroenterology</p> <p>Manuscript NO.: 66572</p> <p>Column: Minireviews</p> <p>Title: Faecal immunochemical test: Faecal immunochemical test outside colorectal cancer screening?</p> <p>Authors: Noel Pin-Vieito, Manuel Puga, Daniel Fernández-de-Castro and Joaquín Cubiella</p> <p>Reviewer code: 03271092</p> <p>First decision: 2021-06-26 03:33</p> <p>Scientific Editor: Chen-Chen Gao</p> <p>Date of signature: <u>August 16, 2021</u> (month/day/year)</p>	[Y]
2	<p><i>Editorial Office's Comments</i></p> <p>Science Editor: 1 Scientific quality: The manuscript describes a Review: Fecal immunochemical test, FIT outside colorectal cancer screening? . The topic is within the scope of the World Journal of Gastroenterology. (1) Classification: Grade C: Good (2) Summary of the Peer-Review Report: In this report, the authors discuss the feasibility of FIT for screening CRC and monitoring after adenoma</p>	[Y]

resection, demonstrating the value of FIT in primary healthcare and surveillance after adenoma resection. I think this part has important significance. However, there are still many problems to be solved urgently: 1. FIT is still affected by hemoglobin degradation and intermittent bleeding, as well as poor compliance of FIT. Please indicate the possible impact of these deficiencies on primary healthcare screening. 2. FIT screening is used in patients with lower abdominal symptoms in the cited literature [9, 10], please specify whether abdominal symptoms include upper abdominal symptoms in the report. If included, please specify the significance of FIT in patients with upper abdominal symptoms. 3. This report only compares the advantages and disadvantages with previous screening methods, without comparing new screening methods, such as multi-target fecal DNA (mt-sDNA) test (Cologuard) and plasma SEPT9 DNA methylation test (EpiProColon). 4. There are some unnecessary abbreviations, such as AA-Advanced adenoma. 5. The paper needs further proofreading. The text contains some language errors (such as singular and plural problems, lack of subject or predicate, etc.), which are sometimes difficult to understand. I suggest further polishing the language of the paper after modifying the content of the paper. (3) Format: There are 1 figures and 2 tables. (4) References: A total of 72 references are cited, including 35 references published in the last 3 years; (5) Self-cited references: There are 4 self-cited references. The self-referencing rates should be less than 10%. Please keep the



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	<p>the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc [5]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 6</p> <p>Recommendation: . Major revision</p> <p>Company Editor-in-Chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.</p>	
3	The fixed headings are copied.	[Y]
4	The title concisely summarizes the main topic of the study and is not too long (no more than 18 words). Words such as 'exploration',	[Y]

	'research', 'analysis', 'observation', and 'investigation' are avoided. The title does not start with 'The' and does not include any Arabic numbers or uncommon abbreviations.	
5	A short running title is provided (no more than 6 words).	[Y]
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8	The 'Supported by' statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.	[Y]
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10	The Manuscript Tracking information (<i>i.e.</i> , Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors.	[Y]

11	<p>The Abstract section is formatted according to the article-specific style (structured <i>vs</i> unstructured) and word count thresholds, as follows:</p> <p><u>Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight:</u></p> <p>Non-structured abstract that is no less than 200 words.</p> <p><u>Field of Vision, Case Report and Letter to the Editor:</u></p> <p>Non-structured abstract that is no less than 150 words.</p> <p><u>Research articles:</u> Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words).</p>	[Y]
12	<p>The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.</p>	[Y]
13	<p>The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. <i>World J Gastroenterol</i> 2019; In press</p>	[Y]
14	<p>The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract readers.</p>	[Y]

15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [<i>i.e.</i> , "...computed tomography (CT)". First-person pronouns (<i>e.g.</i> , 'I', 'we') are used appropriately to clearly indicate the work performed by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	[Y]
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[N]
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure (<i>i.e.</i> , chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[N]
18	Statistical symbols are accurate. Statistical significance is expressed as ^a $P < 0.05$, ^b $P < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, ^c $P < 0.05$ and ^d $P < 0.01$ are used, and a third series of P values is expressed as ^e $P < 0.05$ and ^f $P < 0.01$. Statistical data is expressed as mean \pm SD or mean \pm SE.	[N]

19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[N]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support (<i>i.e.</i> , providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (<i>i.e.</i> , useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[N]
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25	The ethics-related statements are provided in accordance with the manuscript type (<i>e.g.</i> , Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, <i>etc.</i>).	[Y]
26	The names of the peer reviewers and the scientific editor are present at the end of the paper (<i>e.g.</i> , P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
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	diagrams, PCR amplification curves, and survival curves.	
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38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.	[Y]
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