



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 67425

Title: Follow-up outcomes in patients with negative initial colon capsule endoscopy findings

Reviewer's code: 03668600

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Professor, Staff Physician

Reviewer's Country/Territory: Brazil

Author's Country/Territory: Japan

Manuscript submission date: 2021-04-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-13 13:05

Reviewer performed review: 2021-05-25 13:54

Review time: 12 Days

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 Grade E: Do not publish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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" 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

Overall, this is an interesting study, that aimed to answer an unsolved question regarding long term outcomes of CCE. However, it presents a limited number of follow-up patients (31) and methods for surveillance are heterogeneous. Some pitfalls that should be corrected: **ABSTRACT** 1.In background: "Currently, CCE is widely used in clinical practice as a modality comparable to colonoscopy (CS) for screening patients with colorectal cancer[1]": This affirmation is not accurate.CCE is not widely accepted for colorectal cancer screening. 2. In methods: FIT replace immunoglobulin with immunochemical test 3. In conclusion CCE screening for colorectal cancer in patients with CS difficulty in a Japanese population over approximately 5 years was considered acceptable: I do not agree that you can conclude this with 31 patients, and 5 years was not the mean follow-up period. 4. **RESULTS:** You initially stated that 208 patients underwent CCE-2 for colorectal cancer screening, and when you detail the indication of the test for the 31 patients included you give several other indications; please review the indications. The subgroup of patients in whom the indication was screening should be analyzed separately regarding interval cancer and length of follow-up period 5-**DISCUSSION:**However, it may be necessary to reduce the total amount of laxatives by increasing the amount of castor oil and reducing the cost of examination by reusing the discharged capsules (personal opinion). Please review this sentence.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 67425

Title: Follow-up outcomes in patients with negative initial colon capsule endoscopy findings

Reviewer's code: 00730738

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Professional title: Assistant Professor

Reviewer's Country/Territory: Slovenia

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Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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
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SPECIFIC COMMENTS TO AUTHORS

The study investigated colon capsule endoscopy (CCE) as a non-invasive method for screening patients for colorectal cancer and precancerous lesions. Their main conclusion is that CCE is an acceptable method for screening for colon cancer in patients where colonoscopy is difficult to perform. The background, present status and significance of the study is well presented. The study is interesting, especially as it gives some promising results regarding methods more appropriate in the COVID19 era. Some English editing is still needed, as some parts of the manuscript are difficult to understand. Methods regarding CCE procedure are presented in adequate detail. In the methods it is stated that the final pathologic diagnosis was noted, however from the results this is not clear. My main concern is that the follow up period is rather short (3.1 years). In some parts of the discussion it is also wrongly stated that the follow up period in the study was 5 years. In addition, only 31 of 82 patients with negative CCE were followed. It is not clear what happened with the others. It is not necessary to repeat the results in the Table 1 in the main text. Similarly the results presented in Table 2 are repeated in the text, however they do not correspond completely. For example, there are three polyps of the ascending colon in Table 2 and just two in the text. How were the shape and colour of the polyps evaluated (NICE?, Kudo?). The terminology for the lesions found on follow up colonoscopy is not correct. The authors should use established terminology such as hyperplastic polyp, tubular/villous adenoma with low/high grade dysplasia, or explain what they mean with "low-mild adenoma". Please explain what is the definition of intermediate cancer and advanced cancer. Instead of "Screening patients with colorectal cancer" "colorectal cancer screening" should be used as screening is not performed in patients with known cancer.