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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 71594

Title: Diagnostic performance of endoscopic classifications for neoplastic lesions in

patients with ulcerative colitis: A retrospective case-control study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03199037 Position: Editorial Board Academic degree: MD

Professional title: Director, Doctor, Full Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2021-09-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-24 00:22

Reviewer performed review: 2021-09-27 08:15

Review time: 3 Days and 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[]Yes [Y]No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The study evaluated the diagnostic performance of JNET and pit pattern classifications for neoplastic lesions in patients with ulcerative colitis (UC). Although it is a small-sample and retrospective study, the results provide some useful information to interpret the endoscopic diagnosis of UCAN.



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Reviewer's code: 05230210 Position: Editorial Board Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Japan

Manuscript submission date: 2021-09-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-05 06:37

Reviewer performed review: 2021-10-15 17:17

Review time: 10 Days and 10 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for their interesting work. Title: could the authors kindly add the type of study. Abstract: Background: some abbreviations are presented with no full text for first reference as NBI Aim: please mention the scores in summary and their fundamental aim instead of stating "these classifications for neoplastic etc" Kindly state the type of study in the abstract (?case control) In the authors' statement: "The inter- and intra-observer agreements among experts were fair to moderate for UCAN and moderate to substantial for SN", please add the statistical results and the checklist you used for validation if any. Core tip: add the type of study not just retrospective. Introduction: please mention the definition of "sporadic neoplasms" SN clearly with citation. Methodology and results: In limitations of the study the authors stated "Second, only dysplastic lesions evaluated using both the JNET and pit pattern classifications were included. While inflammation and regenerative changes might be evaluated as neoplastic patterns by both JNET and pit pattern classifications, our study could not include non-neoplastic lesions.". This point is very important and was not clear in the abstract or the methodology sections as the authors always stated only the word "neoplasms" which could be benign or malignant but as mentioned here it is dysplastic-only lesions, please modify. It is not clear which checklist the authors used for the inter and intra-observer validation process. please explain. Discussion: Could the authors explain the disparity between their results " JNET type 2B and pit pattern type VI low irregularity had low PPV in the diagnosis of HGD to sSM. Because JNET type 2B and pit pattern type VI low irregularity include lesions from LGD to dSM, these types have low PPV even in non-UC patients." and another reference:



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classified as JNET type 2B, pit pattern diagnosis should be used as an adjunct for depth diagnosis." a quote from the reference: Kobayashi S, Yamada M, Takamaru H, Sakamoto T, Matsuda T, Sekine S, Igarashi Y, Saito Y. Diagnostic yield of the Japan NBI Expert Team (JNET) classification for endoscopic diagnosis of superficial colorectal neoplasms in a large-scale clinical practice database. United European Gastroenterol J. 2019 Aug;7(7):914-923. doi: 10.1177/2050640619845987. Epub 2019 Apr 26. PMID: 31428416; PMCID: PMC6683640. Could the authors discuss if the selected sample of patients with their baseline characteristics could have any role in this low diagnostic accuracy aside from the ulcerative colitis?