

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 74716

Title: First prospective European study for the feasibility and safety of magnetically controlled capsule endoscopy in gastric mucosal abnormalities

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00001114

Position: Editor-in-Chief

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Hungary

Manuscript submission date: 2022-01-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-03 23:55

Reviewer performed review: 2022-01-07 09:36

Review time: 3 Days and 9 Hours

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 Grade E: Do not publish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 checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

My comments to Authors: MATERIALS AND METHODS 1. The authors should explain if the small bowel included the duodenum. Results 1. The protocol explained visualization of the distal esophagus as Station 0. However, there were no results regarding the distal esophagus. I wonder how this magnetic CE could visualize the distal esophagus and evaluate reflux esophagitis and Barrett's esophagus. Discussion 1. The authors showed a modified MRI machine that moved a MACE system by Olympus did not spread worldwide due to high cost. The authors should comment on the cost problem of this magnetic CE and related system. Minor comment 1. Page 12, stops functioning due to the battery shutting down.→"stops" seems to be in the wrong tense.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03476311

Position: Peer Reviewer

Academic degree: PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Hungary

Manuscript submission date: 2022-01-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-04 06:38

Reviewer performed review: 2022-01-12 11:50

Review time: 8 Days and 5 Hours

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

The authors showed magnetically controlled capsule endoscopy in gastric mucosal abnormalities. This trial is considered to be impressive, but, I have some Questions.

1) Before the study, the author performed urea breath test , and revealed *Helicobacter pylori* positivity in 29.5% of patients. However, there was no description about *Helicobacter pylori* in the results. To what extent was it possible to identify the presence or absence of *Helicobacter pylori* infection from the capsule endoscopy image? 2) The author described that approximately 8–10 dl of clean water consumed by all patients within 10 minutes to distend the stomach properly . Water ingestion may be repeated as needed to enhance gastric distension during examination. Observing the great curvature of the stomach usually requires considerable insufflation. The image in Figure 9 seems to be slightly inadequately stretched in both the normal endoscopic image and the capsule image. How do we think about it? 3) The authors described that it is possible to observe the stomach with minimal invasiveness, but considering that the examination takes an average of 50 minutes and that it is necessary to drink water, if the stomach examination is performed alone, upper endoscopy is performed. Is it really less invasive? 4) About how much does it cost to perform the procedure? Is the cost realistic? 5) Number of the figure is considered to many. Fig 15,16 should be changed to Table. Table 4 is not Table style but Figure.

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Peer-review model: Single blind

Reviewer's code: 03729702

Position: Peer Reviewer

Academic degree: MD, PhD

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Reviewer's Country/Territory: South Korea

Author's Country/Territory: Hungary

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Peer-reviewer
statements**

Peer-Review: [☒] Anonymous [☐] Onymous

Conflicts-of-Interest: [☐] Yes [☒] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting study demonstrating the feasibility and safety of the Ankon MCCE system in the western population, and it describes the detailed procedure of MCCE with figures. Some major and minor points need to be corrected. #. The diagnostic yield of major and minor pathologies from stomach and small bowel should be compared with other studies from similar populations to demonstrate the Ankon MCCE system's feasibility. Also, transit time and the rate of incomplete investigation should be compared. These comparisons can be presented in the discussion section. In addition, I wonder about the result of comparison of gastric transit time between the cases with successful transpyloric transit by the magnet (41.9%) and others. #. The magnetic manipulation of the capsule can be significantly affected by abdominal obesity or height. I think the height, weight, and BMI should be presented in Table 1. #. In Table 3, is this proportion calculated per subject? It would be better to understand the meaning of the diagnostic yield by presenting the N numbers like Table 2. #. The diagnostic yield presented in Table 3 is different from the value shown in the Result (e.g., total diagnostic yield 81.9% in table vs. 82.3% in result section). #. I wonder about the total observation time and duration from the pylorus to the last image in 17 cases of incomplete investigations due to the shutdown of MCCE battery. #. UBT test seems to be performed for adjusting the diagnostic yield of gastric lesions, so it would be better to present and compare the diagnostic yield of gastric ulcer or gastritis according to the H. pylori infection status. #. I recommend to show the real video clip of gastric image investigated by Ankon MCCE. #. This study did not compare the diagnostic yield with standard EGD. Even though in some aspects, we can compare the diagnostic yield of this



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study with other studies of similar populations by EGD. However, this is the inherent limitation of the current study, which should be discussed. #. Visibility and identification of landmarks are important factors to consider in accurate examination of stomach using MCCE. You have mentioned in discussion that your previous study using the same system had almost 100% visualization. How were visibility and maneuverability evaluated in the current study? Also, bubbles and mucoid secretions are factors that interfered with visibility. How were these factors managed in your study? #. Detection time and maneuverability were dependent on the learning curve of an operator. Although you have used automatized protocol, were there any variations in examination time along with training and experience? Presenting the learning curve would be very informative to the readers without any experience of Ankon MCE. Minor comments #. The primary endpoint and secondary endpoint introduced at the last part of the introduction section and the study design section seems to be different, which needs to be matched. #. In discussion session, on 16page: 2-2 cases & 1-1 cases seems to be typo.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Hungary

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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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

I have read through the revised manuscript and the author's response to the reviewer's inquiries, and I found that the revised manuscript is improved. I am satisfied with the revised manuscript. Thank you.