

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett's esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04071697

Position: Editorial Board

Academic degree: MD

Professional title: Academic Research

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-11 07:56

Reviewer performed review: 2022-02-19 09:50

Review time: 8 Days and 1 Hour

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 Grade E: Do not publish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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

This is a well written review on a relevant topic. I would suggest just some minor revisions: - considering most of the readears may have no advanced experiences with some.of those tools, i wold add some pillcam images (a part from the devices per se)... in particular almost-histology imaging of the OCT pillcam could be interesting. - considering screening have also (if not only) cost issues, are there any cost effective simulation using this devices? Or at least knowing the cost of endoscopy based approach please try to speculate on how these tools may reduce costs. - considering trans nasal endoscopy, i do not.get the point of including it in the review. Which is the difference in term of costs or possible adverse events? Further it is not true the lack of possibility to perform biopsies. With mkst of the newest generation of scope image quality and channel diameter (ie 2.4 mm for fuji ELUXEO series) permit both advanced imaging and biopsy sampling (in case also with jumbo forceps).

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett's esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05400480

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: Jia-Qi Zhu

Reviewer accepted review: 2022-03-08 13:42

Reviewer performed review: 2022-03-09 14:24

Review time: 1 Day

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
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 type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
<https://www.wjgnet.com>

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

Thanks for inviting me to review the article titled Expanding beyond Endoscopy: A review of other modalities in Barrett's Esophagus screening and surveillance. In the manuscript, the author has summarized the non-endoscopic modalities available for the screening and surveillance of Barrett's esophagus, which shows promise using some of the noninvasive modalities for mass screening in BE. Though the review is comprehensive, some related reviews have already been published recently, which share almost the same context as yours. What is the difference and highlight of your review that set yours apart from others? I think it's not creative and significant enough to be published. I suggest rejection.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett's esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06109343

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: Jia-Qi Zhu

Reviewer accepted review: 2022-03-09 22:28

Reviewer performed review: 2022-03-16 19:15

Review time: 6 Days and 20 Hours

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 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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input checked="" type="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

Comments • The minireview is about “non-invasive” tools of BE surveillance, so it is better to include this term in the title of the article. • In page 7, you mentioned that “More recently, the same group conducted a multi-center case-cohort study of 268 subjects who swallowed the capsule (112 cases and 89 controls met the inclusion criteria) using the two previously mentioned MDMs and included 3 additional markers (NDRG4, FER1L4, and ZNF568) [40]”, the sum of 112 and 89 is 201 and not 268. • In page 7, you mentioned that “After sampling the area described above, the balloon is deflated which withdraws into to the capsule, thereby protecting the sample from bio-contamination from the mid or proximal esophagus as well as oropharynx”. The underlined bold phrase is not well understood, better to be reformulated. • In page 9, first paragraph, “various disease” should be “various diseases”. • In page 11, first paragraph, “with higher frame rates. wider angle view” The point should be replaced by a comma • I wonder if the authors could put a simple algorithm of the last updated surveillance for screening of BE.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett's esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05400480

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: Kai-Le Chang

Reviewer accepted review: 2022-05-26 15:53

Reviewer performed review: 2022-05-27 15:16

Review time: 23 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

SPECIFIC COMMENTS TO AUTHORS

Thanks for inviting me to re-review the article. This manuscript summarizes the non-endoscopic modalities available for the screening and surveillance of Barrett's esophagus (BE). As for the latter part, the potential for the non-endoscopic modalities for surveillance has been discussed, but because of no relevant studies, the surveillance part is short and thus further research is warranted, which is understandable but not novel. New and potential methods, such as advanced imaging techniques, could be supplemented on the screening and surveillance of BE. Recommended changes have been made and the manuscript is better illustrated. I would suggest a minor revision for its novelty.