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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 79432

Title: Upper gastrointestinal endoscopic findings in celiac disease at diagnosis: A multicenter international retrospective study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06215370
Position: Peer Reviewer
Academic degree: MD
Professional title: Chief Doctor, Professor
Reviewer's Country/Territory: China
Author's Country/Territory: Argentina

Manuscript submission date: 2022-08-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-08-26 07:36

Reviewer performed review: 2022-08-26 09:00

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] 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	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for sharing such an interesting manuscript.

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Peer-review model: Single blind

Reviewer's code: 05261106

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Finland

Author's Country/Territory: Argentina

Manuscript submission date: 2022-08-24

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Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

Here are my comments regarding the manuscript by Stefanolo et al. titled :"Upper gastrointestinal endoscopic findings in celiac disease at diagnosis: A multicenter international retrospective study.". The authors have studed that do patients with celiac disease have other significant findings in the first endoscopy than duodenal damage. The topic is very important as no-biopsy approach is a hot topic in adults and is clinical practise already eg. in Finland (Celiac Disease. Current Care Guidelines. Working group set up by the Finnish Medical Society Duodecim and the Finnish Gastroententerology Society. Helsinki: The Finnish Medical Society Duodecim, 2018; Fuchs et al. Aliment Pharmacol Ther "Serology-based criteria for adult coeliac disease have excellent accuracy across the range of pre-test probabilities". 2019) and there is also large studies from uk supporting that high serology titers alone are sufficient for CD diagnosis without biopsy (Penny et al. Gut 2021 "Accuracy of a no-biopsy approach for the diagnosis of coeliac disease across different adult cohorts"). There has though been concern if something significant would be missed without endoscopy as the authors elaborate also. My comment specifically below: 1. References 6 and 7 are missing from the reference list. Above are few good choices. 2. Background is good. 3. The authors state that ced Ced and alarm symptoms lowered the risk of endoscopic lesions, this means other than the lesions caused by celiac disease in duodenum I presume? And you say that the risk was reduced when the patient had alarm symptoms? How is this possible? 4. The discussion should contain a chapter on the no-biopsy approach in addition to the short commentary in the last chapter. If antibody titers are high and celiac symptoms resolve on GFD, why do we need gastrointestinal endoscopy in celiac disease diagnostics in high titer patients?

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There doesnt seem to be any other significant lesions other than CeD as is nicely shown here. Gastroscopy is an invasive procedure with possible complications and there should always be a justified reason for doing it. Maybe the reason for gastroscopy is lacking in some celiac patients ? 5. Reflux: H.pylori esophagitis, the need for gastric biopsies and gastric ulcers is now discussed in several different chapters though they are somewhat the same thing: in Discussion fourth chapter, seventh and eight. Perhaps combine/shorten some of these chapters, the discussion is somewhat repetitive now. The sentence in eight chapter nicely gets to the point: "...when endoscopic appearance is normal, histological evaluation (both in the stomach and the esophagus) is not cost-effective,..."

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Peer-review model: Single blind

Reviewer's code: 02451447
Position: Editorial Board
Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Argentina

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Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors performed multicenter, retrospective study and discovered that co-morbid upper GI endoscopic pathology is uncommon in patients with positive CeD serology at the time of diagnostic endoscopy. The risk of severe or premalignant lesions is extremely low. The authors concluded that a non-biopsy strategy for diagnosing CeD in adults is unlikely to miss clinically significant concomitant endoscopic findings unrelated to CeD. The study is well designed and the paper is well written. The findings will be very helpful to guide the management of CeD patient population.