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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 79844

Title: Clinical features and long-term outcomes of patients with colonic oligopolyposis of unknown etiology

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05469117
Position: Editorial Board
Academic degree: PhD
Professional title: Adjunct Professor, Chief Physician, Deputy Director
Reviewer's Country/Territory: China
Author's Country/Territory: United States

Manuscript submission date: 2022-10-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-15 09:06

Reviewer performed review: 2022-10-15 14:08

Review time: 5 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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

SPECIFIC COMMENTS TO AUTHORS

Thank you for inviting me to evaluate the retrospective study titled "Clinical features and long-term outcomes of patients with colonic oligopolyposis of unknown etiology". It is an interesting paper, they reported long term outcomes in a large cohort of patients with CPUE. Importantly, the clinical features are distinct from FAP and adherence to guidelines for FAP would lead to over screening in most patients. This has direct implications for management in this unique population,the information in this review is helpful to clinical communities. The paper is well arranged and the logic is clear, The provided tables are well composed and understandable. The quality of language of the manuscript is quite acceptable for me. So, I recommend to you that this manuscript may be accepted. There are some advices for author: 1) The study was designed with only 70 cases, which is too small and not enough statistical analysis can be done to draw very limited conclusions.; 2) The number of references is 16, which is too small. Moreover, the use of square brackets is inconsistent.

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Reviewer's code: 05743795

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-10-02

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-24 01:00

Reviewer performed review: 2022-10-29 14:55

Review time: 5 Days and 13 Hours

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
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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SPECIFIC COMMENTS TO AUTHORS

CPUE is an adenomatous polyposis phenotype that resembles familial adenomatous polyposis, although no germline pathogenic variants have been identified. The authors conducted a retrospective review of patients with adenomatous low-grade polyposis (between 10 and 100 adenomas) and negative genetic testing through a retrospective case series. The study identified some basic demographic characteristics and genetic background-related features of CPUE patients and found some deaths not associated with CRC. The main contribution of this study is the finding that the use of FAP monitoring guidelines for CPUE patients may lead to unnecessarily frequent upper and lower endoscopies. This is a very interesting study that can contribute to the development of screening guidelines for CPUE. However, as mentioned in the article, the study has some drawbacks, such as being a retrospective study with a small number of cases. The manuscript is worthy of publication, but the following questions need to be answered or some modifications made. Concerns: 1. Four patients diagnosed with invasive CRC were included in the study, while three of them were diagnosed with CRC prior to the occurrence of CPUE. Is this inclusion the correct approach? I suggest that the data of these 3 patients who had already developed CRC should be excluded. Otherwise, some genetic backgrounds or genetic backgrounds could be confounded leading to inaccurate results. This is because many genes are mutated in CRC patients. 2. The authors should add some relevant references, especially for CPUE patients of different ethnicities. Because 88.5% of CPUE patients in Table 1 were non-Hispanic whites, they may not be representative of the broader CPUE patient population. 3. In Table 2, 26 patients (37%) had only the APC and MUTYH genes sequenced, but some patients with

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adenomatous polyposis syndrome have been reported to carry germline mutations in AXIN2, GREM1, NTHL1, POLE, POLD1, or MSH3 (Refs. 5-7). Therefore, it is difficult to accurately assess whether these 26 patients belong to the CPUE group.