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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 82842

Title: Unlocking quality in endoscopic mucosal resection

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00033377
Position: Editorial Board
Academic degree: FACG, MD
Professional title: Staff Physician
Reviewer's Country/Territory: United States
Author's Country/Territory: Ireland

Manuscript submission date: 2022-12-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-28 17:47

Reviewer performed review: 2023-01-04 01:05

Review time: 6 Days and 7 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Current QI in colonoscopy section: There are many QI in colonoscopy including report generation, consent, interval for f/u colonoscopy among many others. Since this is a review on QI for EMR, instead of focusing on all colonoscopy QI should focus solely on QI's that relate to ADR. "(AGA) guidelines have suggested a target minimum ADR of 15% with an aspirational target of 20%[12, 13]". This is incorrect, the AGA reference cited mentions a minimum ADR of 30% with an aspiration of 35% for screening/surveillance colonoscopy On AI, may comment on differentiating polyp types which may offset increased polyps Retroflexion and Comfort: would not include these sections if not associated with improved ADR Minor: "Higher quality caecal landmark photographs, associated with higher quality endoscopy, have also been shown to have a higher polyp detection rate[15, 16]." Sentence not clear, I guess what is meant is that high quality photos are associated with a higher polyp detection rate. "a minimum CWT of 6 minutes and an aspirational target of 10 minutes[12-14]. " Is it 10 minutes or 9-10? In the section of bowel preparation the authors mention adequate or excellent prep, please define adequate prep which will be the ability to detect 5 mm or less in size polyp.

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Emerging QI and Interventions in Colonoscopy: Similar to the prior section, would limit the discussion to those interventions that improve ADR. Therefore, not sure I would include antispasmodics, simethicone, dynamic colonoscopy but can instead add new sections on the use of report cards and training of underperfomers in improving their ADR. Machine Learning/Computer assisted diagnostics: May comment on AI differentiating polyp types as well as this may aid in workload by not removing some benign polyps Minor: "Virtual chromoendoscopy (VC), such as the use of Narrow Band Imaging (NBI), facilitated by high definition colonoscopes has been shown in meta-analysis". Is it HD or NBI or VCE or all that have been found in meta-analyisis to improve ADR? I thought it was just HD but could be mistaken. "Given this demonstrated success, the use of device assisted colonoscopy has been advocated for in bowel screening populations[115]. " Rephrase sentence EMR QI: "Conversely, a pure coagulation current, with lower risk of intra-procedural bleeding, confers additional risk of delayed-bleeding and potentially also perforation due to transmitted deep thermal injury[144]" Another study has questioned this with no difference in PPB between coag vs cut currents Minor: Procedural volume:"but no specific minimum requirement has yet to be adopted for EMR. " May delete this part of the sentence seems to contradict the rest of the sentence Additional and Future Quality Indicators in Endoscopic Mucosal Resection (EMR) SMSA score: briefly mention what it consists of "We suggest an interval of less than 180 days from date of resection for first site check (SC1) and 18 months from index for SC2, provided SC1 is clear" Cite and comment on supporting evidence We suggest an interval of less than 180 days from date of resection for first site check (SC1) and 18 months from index for SC2, provided SC1 is clear Various techniques of EMR are currently being used including cap assissted, underwater EMR, hybrid EMR, ligation assisted EMR and conventional EMR and these could have differences in the recurrence rate of the polyps. Although this could be mentioned,

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more important is that there are differences in recurrence rates and complication rates between cold EMR and hot EMR and perhaps different standards should be used for cold vs hot in these respects.

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Position: Peer Reviewer
Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Ireland

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-26 23:02

Reviewer performed review: 2023-02-05 22:08

Review time: 9 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The comments on an original article entitled (Unlocking Quality in Endoscopic Mucosal Resection; Lessons from the Colonoscopy Journey) 1- Title: The title is long and not reflecting the main scope of the manuscript. 2-Abstract: The abstract is too short and not reflecting the main scope of the manuscript. 3-Key words: The key words needs to be concised. 4-Introduction is well written. 5- You mentioned that Adenoma rates are recognised to vary depending on patient demographics such as age and indication for colonoscopy….. Can you give examples from different regions? And explain reasons for this difference. 6- Could you mention the common methods of Bowel Preparation that are commonly used? 7- Could you define the standards for the meaning of expert endoscopists? 8- Need to add algorithms for quality indicators in Colonoscopy. 9- Adding graphic abstract. 10-References: They are well matched. The final decision is minor revision.