

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 29009

Title: Prophylactic Clipping Prevents Perforation from Grasp and Snare Endoscopic Mucosal Resection of Large, Flat, Right Colonic Polyps in a Community Ambulatory Endoscopy Center.

Reviewer's code: 03245122

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2016-07-25 21:29

Date reviewed: 2016-08-18 10:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The aims and design of the study was good, however, some major defects existed in parts of methods and results as following: 1. As a prospective cohort study, to determine if prophylactic clipping of the GSEMR base prevents perforations, it is necessary to add the definition of perforation and post-polypectomy hemorrhage adopted in the study. 2. In part of result, "in Phase 1, four perforations occurred in 75 (5.3%) patients and 95 (4.2%) polypectomies. There were no post-polypectomy hemorrhages". It is hard to believe. According to common practice, the post-polypectomy hemorrhage is more common than perforation. 3. Table 2: Polyp Histopathology: In phase 1, the sum of various type of histopathology was 66%, in phase 2 the sum of various type of histopathology was 151%, these results are difficult to understand.

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Reviewer's code: 03262874

Reviewer's country: United States

Science editor: Jing Yu

Date sent for review: 2016-07-25 21:29

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors have included patients from two cohorts one with selective application of clips and other with all inclusive clipping of all post polypectomy sites. The authors have concluded that clips should be applied for all large post polypectomy defects since there was perforation in 4 patients in the first cohort with selective clipping but not with all inclusive clipping. The P value is <0.001. The design of the study is good and it does answer some vital questions. We need more information about the 4 perforations. Was there a target sign and how big was the resected polyp for it to not qualify for closure with clips. What was the reason that the endoscopist decided not to clip these. A large polyp is usually >2cm as per Dr.Rex in GIE-2009. Why did the authors decide to clip polyps that were 1.2-2cm. Was there any perforation with the resected polyps between 1.2cm-2cm. If there were no perforation of the polyps in the range of 1.2cm -2cm, I think clips should not be applied for resection of such small polyps as the cost of the procedure will escalate. Lastly, what are authors views about the cost benefit to clip every resected polyp >1.2cm considering that each clip will cost



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Title: Prophylactic Clipping Prevents Perforation from Grasp and Snare Endoscopic Mucosal Resection of Large, Flat, Right Colonic Polyps in a Community Ambulatory Endoscopy Center.

Reviewer's code: 03646567

Reviewer's country: United States

Science editor: Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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COMMENTS TO AUTHORS

In both Phase 1 and Phase 2, what was the mean polyp size of the 2 groups and what was the mean polyp size of the 4 perforations that occurred in Phase 1?