

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 20890

Title: Anal Cancer and Intraepithelial Neoplasia Screening: A Review

Reviewer's code: 00051746

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-27 15:15

Date reviewed: 2015-08-03 10:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I think that this paper is well-written and very interesting for surgeons and gastroenterologists. In addition, this review is worth publishing in World Journal of Gastrointestinal Surgery.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 20890

Title: Anal Cancer and Intraepithelial Neoplasia Screening: A Review

Reviewer's code: 00067544

Reviewer's country: Germany

Science editor: Xue-Mei Gong

Date sent for review: 2015-06-27 15:15

Date reviewed: 2015-08-16 16:27

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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This is an interesting paper and may be published, but some prerequisites should be added. Like in other screening projects, as for example abdominal aortic aneurysm screening, some questions have to be answered before screening recommendations can be given, especially if such programmes have to be paid by the insurance companies. a) Which are the groups that should be screened now exactly ?, defined by annual incidence rates (which must be known) and the prevalence. To this no details and data were presented. b) Screening makes only sense if the prognosis of the screened population can be improved by this measure. This is not proven at all! So, for example, breast cancer screening in women is very popular but its benefit is very small. In fact, only a randomized study comparing patients at risk with and without screening for longer observation periods can give an answer. As long as such studies are lacking the benefit of anal cancer screening is theoretical and cannot be claimed. At best, the conclusion of this paper may be that patients at risk should be screened in an observation study (registry) and followed over longer periods to gain more facts to this problem.