

ESPS Peer-review Report**Name of Journal:** World Journal of Gastrointestinal Oncology**ESPS Manuscript NO:** 7788**Title:** Endoscopic Assessment and Management of Early Esophageal Adenocarcinoma**Reviewer code:** 02861019**Science editor:** Ling-Ling Wen**Date sent for review:** 2013-11-30 21:58**Date reviewed:** 2014-02-14 00:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

I have read with interest Your review entitled "Endoscopic Assessment and Management of Early Esophageal Adenocarcinoma" in which the authors summarize the clinical and endoscopic management of early esophageal adenoca. I really appreciate the manuscript Minor issue: In the section epidemiology and risk factors I suggest to update the references with: Alemán JO et al. Gastroenterology 2014 Zhou X et al Clin Oncol 2008 (meta analysis on Hp and esophageal ca.). Moreover, I suggest to provide a citation for the incidence reported by NCI. Why the Authors do not discuss the role of bile acids in the esophageal carcinogenesis? The section describing the endoscopic and histological diagnosis of BE is well-write and accurate. It is a little concept issue, but I suggest to talk about of dye-based and dye-less chromoendoscopy and not "virtual c.". The histological description of BE, high grade dysplasia, IMC and invasive carcinoma is complete and accurate. As a little concern, suggest to discuss new interesting cost effective analysis among patients with non-dysplastic BE (GIE 2014; 79(2):242). In the same issue of Gastrointest Endoscopy a metanalysis of endotherapy vs surgery in early esophageal adenocarcinoma was published; in my opinion the Authors should disuss those new interesting data (GIE 2014; 79(2):233).

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 7788

Title: Endoscopic Assessment and Management of Early Esophageal Adenocarcinoma

Reviewer code: 02445033

Science editor: Ling-Ling Wen

Date sent for review: 2013-11-30 21:58

Date reviewed: 2014-02-25 18:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Y] Accept
<input type="checkbox"/> Y] Grade B (Very good)	<input type="checkbox"/> Y] Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a thorough review on endoscopic management of early esophageal carcinoma. It is well written and references are updated. I would like to make a few minor comments: - In the "Detection techniques" section besides adjuvant techniques, the importance of a careful white-light examination on the detection of advanced lesions on Barrett esophagus deserves commentary (Gupta N, Gastrointestinal Endoscopy 2012) using a high definition endoscope. - EMR and ablation are best performed in high volume referral centers. A center treating early EAC with endoscopy must have all therapeutic modalities available (mainly EMR and RF) and the endoscopists must have a high level of expertise. Perhaps the authors should also comment on this. - Among ablative techniques perhaps RF has the best safety profile. As far as I know there are no randomized trials comparing ablative options, but some retrospective studies show some evidence of this (Eulen A, World J Gastroenterol 2013). - Perhaps a more practical conclusion would be advisable. For instance, a flow chart for the management of HGD/early AC should be included. This would clarify the practical role of these techniques in the overall management of this complex entity (See BSG guidelines, Gut 2014). Finally, there are several typing mistakes. The whole text should be checked. Any case, it is a good review, very suitable for publication in the World Journal of Gastrointestinal Oncology.