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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 5421

**Title:** The first clinical study that uses a novel system for measuring lesion size

**Reviewer code:** 00051373

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-09-06 15:58

**Date reviewed:** 2013-09-09 21:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This is a new endoscopic measurement instrument for the clinical use. The direction of the author is scientific significance. For the patient safety, the author needs to describe how to disinfect of this optical device, which seems to be not a disposable one. The limitation of this device is the tilt angle. So the author needs to present the different lumen of the gastrointestinal tract such as esophagus and the reverse approach of the cardiac region of the stomach.



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### ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 5421

**Title:** The first clinical study that uses a novel system for measuring lesion size

**Reviewer code:** 02446368

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-09-06 15:58

**Date reviewed:** 2013-09-17 23:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

maybe useful in endoscopic clinical,thank you.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 5421

**Title:** The first clinical study that uses a novel system for measuring lesion size

**Reviewer code:** 00506602

**Science editor:** Cui, Xue-Mei

**Date sent for review:** 2013-09-06 15:58

**Date reviewed:** 2013-09-19 23:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> 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)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors describe a novel system for real-time measurements of the size of lesions in the lower GI tract, without direct physical contact. Accurate measurements of a lesion's size are important for diagnostic and therapeutic reasons (e.g., to assess the healing of lesions and to analyze a lesion's pathophysiology). As the authors acknowledge, this system may not be accurate when used in other sections of the GI tract - for example, in the esophagus - that preclude, due to their narrow anatomy, "straight-on" visualization (i.e., a tilt angle of less than 20 degree). The authors are requested to comment on the following: -- Please explain why a sample size of 3 (and not n=5, for example, or higher) is sufficient and valid to yield meaningful and statistically sound results and conclusions about the system's accuracy. -- Please explain what measures, if any, were taken to ensure that the laser's measurements of "DBO" were accurate (i.e., was the optical probe calibrated before the clinical tests were performed?). -- Please provide references that support the manuscript's claim that: "there has been no built up measurement method thus far. Thus ... endoscopists use only their own eyes to estimate (the lesion's) size. ... Therefore, a measurement system has yet to appear on the market." -- Please provide a reference to substantiate the claim that a measurement error of less than 1 mm is within a reasonable and permissible tolerance. -- Please confirm that there are no popular GI endoscopes models that are equipped with an instrument channel that is too narrow to accommodate the system's optical probe. (I am unaware of any.) -- Please clarify in the manuscript the similarities and differences between a "polyp" and a "lesion" in the colon. -- Please clarify whether this system is associated with any salient limitations other than the lesion not being more than 16 mm in length and that the tilt angle must be less than 20 degrees. might an inadequate bowel prep also affect this system's accuracy? -- Please describe how the system's limitations would be conveyed to the user. In



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other words, if the system is limited to a tilt angle of less than 20 degrees, how would the user know and/or measure this? Further, how would the user know that small lesions require observation with minimal tilt angle (i.e., straight on), to avoid error? Will the authors write a set of operating instructions that accompany their novel system? -- Please explain why, for a tilt angle of 20 degrees, an error of 0.90 +/- 0.58 mm is sufficiently accurate and does not introduce problematic error. What criterion of acceptability does this permissible error subscribe to? Please provide in the manuscript any relevant references to support the authors' conclusion. -- Please comment on the reprocessing requirements of the system's 1.8 mm optical probe (e.g., like the GI endoscope, it would require cleaning and high-level disinfection after each use or patient procedure). -- Please state whether the authors have any vested financial interests or potential conflicts of interest associated with this manuscript's findings.