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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 21089

Title: Colorectal endoscopic submucosal dissection from a Western perspective: Today's promises. Future challenges

Reviewer's code: 00039350

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2015-06-30 22:27

Date reviewed: 2015-07-25 06:32

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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

This is a well written review. In general, the authors have done a good job of balancing evidence based on Japanese data and anecdotal observations from Europe/North America. A few recommendations: when comparing ESD to TEM and laparoscopic surgery, I suggest adding some information of typical hospital length-of-stay in Western centers. In the USA, 3 days hospital stays with laparoscopic partial colectomy and < 24 hour stays with TEM are now commonplace. This is in contrast to Japan where a week or longer is common, and may alter the approach to treatment. For ESD, it's important to discuss the minimum hospital stay required due to the risk of delayed perforation. I recommend adding more discussion on this topic, and some conclusions regarding what the authors think is a reasonable post-procedure stay. I also recommend adding some discussion of alternative approaches to recurrent adenomas in the colon. Perhaps some data comparing esd to repeat emr, or maybe even underwater emr.