

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15809

Title: NON-POLYPOID COLORECTAL NEOPLASMS: CLASSIFICATION, THERAPY AND FOLLOW-UP

Reviewer's code: 02982969

Reviewer's country: Germany

Science editor: Ya-Juan Ma

Date sent for review: 2014-12-11 13:02

Date reviewed: 2015-01-11 03:44

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 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"/> No	<input 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

I read with great interest the study by Dr. Antonio Facciorusso et al. entitled "NON-POLYPOID COLORECTAL NEOPLASMS: CLASSIFICATION, THERAPY AND FOLLOW-UP". The issue is a hot-spot and the manuscript is clear and intriguing. In my opinion, only few revisions are still required 1) Minor revision of the English language 2) Follow-Up paragraph, last sentence: "In case of en bloc resection, surveillance colonoscopy should be scheduled at 3 years for adenomatous lesions \geq 1 cm, or in presence of villous features or high-grade dysplasia patients (regardless of the size)[56]. Less intensive surveillance (colonoscopy at 5-10 years) is needed in case of single (or two) NPT < 1 cm presenting tubular features or low-grade dysplasia at histology[56]." In the real life, under certain circumstances, the surveillance colonoscopy may be even closer, eg dubious radicalism, margins treated with argon after endoscopic resection, excised margin defined as not assessable by the pathologist, In order to prevent a too superficial understanding of your important statements, I would be pleased if you could spend some word focusing on these difficult situations.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15809

Title: NON-POLYPOID COLORECTAL NEOPLASMS: CLASSIFICATION, THERAPY AND FOLLOW-UP

Reviewer's code: 02903408

Reviewer's country: China

Science editor: Ya-Juan Ma

Date sent for review: 2014-12-11 13:02

Date reviewed: 2015-01-16 18:30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 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 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

Non-polypoid colorectal tumors (NPTs) are commonly found during screening colonoscopy and usually be considered as a diagnostic and therapeutic challenge for the endoscopist. The author Antonio Facciorusso reviewed several aspects of NPT from morphology, diagnosis and Endoscopic treatment. The review per se has its own clinical meaning and might be found interesting not only by endoscopists. Due to the reason above, I recommend we accept this review. Even though it might be better if the author could detail the conclusion part of this review a little bit more.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 15809

Title: NON-POLYPOID COLORECTAL NEOPLASMS: CLASSIFICATION, THERAPY AND FOLLOW-UP

Reviewer's code: 00069608

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2014-12-11 13:02

Date reviewed: 2015-01-02 22:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input checked="" type="checkbox"/> [Y] 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"/> [Y] No	<input 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"/> [Y] No	

COMMENTS TO AUTHORS

In this paper authors discuss classification, diagnosis and endoscopic treatment of colorectal flat lesions. All relevant data on this topic are clearly illustrated in the paper. Tables and figures are adequate. I have no major comments.