



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40812

Title: Benefits of the Seattle biopsy protocol in the diagnosis of Barrett's esophagus in a Chinese population

Reviewer's code: 03209844

Reviewer's country: China

Science editor: Jin-Lei Wang

Date sent for review: 2018-07-13

Date reviewed: 2018-07-14

Review time: 21 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I'm glad to be a reviewer for this paper and I would be very glad to review this paper in greater depth once it has been edited because the subject is constructive. With the feeling of pleasure, I review your paper carefully and seriously. This manuscript



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confirms that the Seattle protocol showed improvements on IM detection in subjects with high Prague criteria “M” levels, and disclosed more cases including EAC, with dysplastic tissue by studying the patients of one center with endoscopically-suspected esophageal metaplasia. For this paper the experimental method is reasonable the argument is strong and the statistical method is scientific. However, there are some flaws in this manuscript that need to be further improved. For example, in the study, it is better to further analyze the other BE-associated factors, such as gastroesophageal reflux, *Helicobacter pylori*, esophageal motility dysfunction, and others. Second, if it is convenient to implement, it will be more convincing to increase cases in other parts of China. Third, It is better to give a more detailed description of the research method, in addition, to make the reader understand the goals and results more clearly the accuracy of expression needs to be further improved.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
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- No

BPG Search:

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- No



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40812

Title: Benefits of the Seattle biopsy protocol in the diagnosis of Barrett’s esophagus in a Chinese population

Reviewer’s code: 03699916

Reviewer’s country: Denmark

Science editor: Jin-Lei Wang

Date sent for review: 2018-07-20

Date reviewed: 2018-07-20

Review time: 4 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a good case-control study with well design and English writing. Barrett's esophagus (BE) is closely associated with esophageal adenocarcinoma (EAC) , Early diagnosis of BE is beneficial for effective prevention of EAC. At present study, authors



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compared NBI-target biopsy and Seattle protocol-guided biopsy. from the results, authors concluded that the Seattle protocol showed improvements on IM detection in subjects with high Prague criteria "M" levels, and disclosed more cases including EAC, with dysplastic tissue. Furthermore, authors also clearly point out some limitations of the present study. The data obtained from the present study is useful for gastroenterologists to make biopsy and diagnosis of BE in the clinics. Therefore, the manuscript is suitable for the readership in WJG. Minor point: 1, Please spell "LSBE" out because it is first time appeared in the abstract. 2, It is suggested to add a reference behind the sentence "BE is important clinically because it is a major risk factor for the development of esophageal adenocarcinoma (EAC), and the number of EAC cases has been growing in the Western countries." in Background section.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 40812

Title: Benefits of the Seattle biopsy protocol in the diagnosis of Barrett’s esophagus in a Chinese population

Reviewer’s code: 01558002

Reviewer’s country: Greece

Science editor: Jin-Lei Wang

Date sent for review: 2018-07-20

Date reviewed: 2018-07-22

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
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		<input checked="" type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This study has several drawbacks. 1. NBI and WLE were not concurrently used for screening or surveillance of BE. 2. The detection rates of dysplasia were very low, when compared with previous reports. 3. The expertise of endoscopists and pathologists is not



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considered. The accuracy of diagnosing BE and dysplasia can improve with increased experience of NBI and more rigorous adherence of the Seattle protocol. 4. The advantage of NBI over WLE with regard to detection of dysplasia has been shown in randomized controlled trials.

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