



PEER-REVIEW REPORT

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Title: Clinical applicability of gastroscopy with narrow-band imaging for the management of precancerous gastric lesion and neoplasia

Reviewer’s code: 03646555

Position: Peer Reviewer

Academic degree: BMed, FRACP, MBBS, MD

Professional title: Doctor

Reviewer’s Country/Territory: Australia

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Reviewer chosen by: Ruo-Yu Ma (Quit in 2020)

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Overall a good review, however some clarifications needed: In Table 2, "VS" is not clarified in the legend. Use of the term "small" gastric cancer is ambiguous: should this be termed "early" gastric cancer instead? The sentence "The sensitivity and specificity of magnifying endoscopy for H. pylori infection are 93.8% to 100% and 82.2% to 96.2%, respectively" needs a citation. In the abstract it is stated "Rather than pathologic examination by mucosal biopsy, it may be ideal to individually evaluate the extent and severity of GIM by advanced endoscopic imaging". However, it needs to be made more obvious what the detrimental aspects of mucosal biopsy are, to justify engaging endoscopists in such complex endoscopic diagnostic training with M-NBI, with such a difficult learning curve. Similarly, in the introduction, it is stated "Although pathologic diagnosis is the gold standard, accurate endoscopic prediction is important to minimize the number of biopsies and prevent post-biopsy bleeding". What is the evidence that post-biopsy bleeding is a significant enough worldwide problem to justify moving away from biopsy? Or are there other reasons that the authors should include in the introduction to justify moving away from biopsy? The most salient improvement needed in this article is more clarity about the number of pathological conditions are going to be discussed. The title states "precancerous gastric lesion and neoplasia". However this does not encompass the manuscript's discussion of H pylori infection, which is not itself a precancerous gastric lesion. The abstract also mentions atrophic gastritis, intestinal metaplasia but does not mention dysplasia. The introduction states "(1) detection of H. pylori gastritis, (2) endoscopic finding of GIM, (3) magnifying NBI endoscopy for diagnosis of small gastric cancer, and (4) determination of the horizontal extent of EGC" but does not mention atrophic gastritis (which can be a separate entity to H pylori infection) or dysplasia. The main text, at various points, mentions 5 key



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conditions: 1) H pylori infection, 2) atrophic gastritis, 3) intestinal metaplasia, 4) gastric dysplasia and 5) early gastric cancer/neoplasia. I think the title should therefore include H pylori gastritis. I think the abstract and introduction should clearly list these 5 key conditions that are going to be discussed separately. I think the main text should be separated in 5 sections that discuss each of these key conditions in that order (I do not see a need for separate section about the diagnosis of EGC/neoplasia and estimating the horizontal margins of EGC/neoplasia: this can be part of the same section), Similarly it is unclear why Figure 5 is cited at the end of a paragraph regarding early gastric cancer, as Figure 5 is discussing gastric dysplasia, not neoplasia. Similarly, it is unclear where Figure 6 regards neoplasia or dysplasia. It is labelled "NBI endoscopy for determining the horizontal margin of gastric dysplasia before endoscopic submucosal dissection". However in the manuscript Figure 6 is cited in a paragraph about EGC, which is neoplasia. The legend for Figure 6A states "Conventional chromoendoscopy using indigo carmine is useful for determining the horizontal margin of gastric neoplasia". However the legend for Figure 6C states that this is a tubulovillous adenoma, which is dysplasia. Can the authors please introduce some consistency?