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315-321 Lockhart Road,
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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3652

Title: The usefulness of magnifying endoscopy for the diagnosis of specialized intestinal metaplasia in patients with short-segment Barrett' s esophagus

Reviewer code: 00070061

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-05-13 10:58

Date reviewed: 2013-07-05 23:50

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 checked="" 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	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Thank you authors for submitting this interesting manuscript. I liked the manuscript quite a lot, however have the following questions: 1. The time period mentioned in manuscript is 2002, I hope that is correctly mentioned. If yes, I am wondering what took authors so long to send this manuscript for publication? 2. The information authors give on types of pit patterns they saw in their cohort is appreciated. 3. I appreciate the link authors are trying to establish between pit pattern and intestinal metaplasia, however the numbers are too small in the present study (3 out of 5 patients with type V pit pattern). May be the authors can enrol more patients to establish the link more strongly? 4. Authors make a comment reg a study by Dave et al that MB staining was associated with prolongation of endoscopy. I believe the same is true for even magnification endoscopy to look for pit pattern, which will also prolong the endoscopy. Authors need to probably justify this and also add a paragraph regarding advantages and disadvantages they foresee in use of this technology. 5. I am wondering why long segment patients were excluded? It would be a good information to have - pit pattern in long segment salmon colored mucosa and also pit-pattern correlation with histological diagnosis of BE. A statement regarding this choice must be included in the manuscript. 6. Authors mention reg a manuscript by Horwhat and mention that as Ref 13, however, I donot see that in the bibliography. I would urge the authors to please check their bibliography. 7. Minor: Background section, second paragraph last line, there is word 'is' repeated, please correct. Overall, its an informative manuscript, nicely written. Deserves corrections and then re-consideration.



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ESPS Manuscript NO: 3652

Title: The usefulness of magnifying endoscopy for the diagnosis of specialized intestinal metaplasia in patients with short-segment Barrett’ s esophagus

Reviewer code: 00036593

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-05-13 10:58

Date reviewed: 2013-07-13 16:32

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
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

No distinction is made between low-grade dysplasia and high-grade dysplasia as far as progression to adenocarcinoma is concerned i.e. it is not "rapid" in both. Areas of dysplasia do not cause symptoms to my knowledge (Ref 10 - 12) - remove "symptomless". Methods: What make of endoscopes were used? And what was the magnification obtained? What was the concentration of MB used (typically 0.5%)? Patient characteristics: How was reflux diagnosed? If it is histological, then it should be 11/26. The patients without RE - did they have a history of GERD? A positive predictive value of 60% is probably too low to equate a type V epithelial pattern "might be characteristic". It is rather "compatible" with SIM. The fact that a combination of ME and MB staining may improve the diagnostic yield is not addressed.