

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3651

Title: Photodynamic therapy versus radiofrequency ablation for dysplastic Barrett' s esophagus: efficacy, safety and cost-comparison analysis

Reviewer code: 00225277

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-05-13 09:37

Date reviewed: 2013-05-17 04:52

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input 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 checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

PDT is a cumbersome procedure that induces skin sensitivity for various weeks and does not solve the buried dysplastic cells problem. In a multicentric USA study carried out several years ago PDT demonstrated a significant reduction of esophageal cancer(mainly adenocarcinoma) in a series of patients treated by PDT and IBP as compared with those managed by IBP and clinical control with serial biopsies. However, malignancy was still present in 13% of the cases after 24 month follow-up in the treated group (PDT plus IBP). In this study longer and complete response (nearly 35% in both groups) was obtained in a PDT plus IBP group (Median of 316 vs. 84 days). The conclusion was that PDT+IBP treatment was better than IBP alone, but in summary PDT was not a satisfactory treatment for Barrett's disease. Related to cost it would be convenient to evaluate not only the direct but also the indirect costs. Moreover, taking in account that patients with PDT need to avoid the sun and high intensity visible light during four weeks after the procedure these costs are probably very high. In the selection of patients there may be some bias because most of the patients with HGD had been allocated to PDT treatment. What was the method for patient allocation?

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Name of Journal: World Journal of Gastroenterology

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Title: Photodynamic therapy versus radiofrequency ablation for dysplastic Barrett' s esophagus: efficacy, safety and cost-comparison analysis

Reviewer code: 00068472

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-05-13 09:37

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

COMMENTS TO AUTHORS

REVIEWER'S REPORT General The authors address the important area of the optimal care of patients with Barrett' dysplasia (BD). Photodynamic therapy (PDT) and radiofrequency ablation (RFA) have both been demonstrated to eradicate BD and reduce the risk for disease progression. The authors compared the effectiveness, safety, and cost of PDT and RFA in managing BD in consecutive case series performed at single center by single endoscopist. They found that RFA had significantly higher rate of complete histological resolution of BD and it was five times less costly than PDT compared to PDT. Due to the poor study design, overall the presentation of the topic is a little confused. Major Compulsory Revision: 1. General 1.1. Overall, the presentation of the topic is a little confused, poor study design. 2. Abstract 2.1. The Abstract is incomplete: statistical methods are missing. 2.2. The conclusions drawn appear to be not sufficiently supported. 3. Methods-Results 3.1. The authors stated that they prospectively evaluated all patients with a diagnosis of BE containing dysplasia (LGD and HGD) between May 2000 and June 2009 to ascertain eligibility for surveillance and therapeutic intervention. However, in my mind, the study is a retrospective analysis. The study has several limitations, including: ?retrospective evaluation, ?single center, ?single endoscopist, ?lack of randomization, ?the significant disproportion of high-grade-dysplasia (HGD) between the PDT and RFA groups respectively, ?the significant difference between follow-up from primary ablative therapy to primary outcome biopsy session (44 months for PDT and 33 months for RFA). Therefore, the results should be evaluated with caution. 3.2. The authors found that PDT was approximately three times more costly than RFA per procedure. They should spend time to discuss in more detail the cost-effectiveness analysis.

3.3. All HGD patients were offered surgery and refused, or were ineligible for surgery. They should discuss in detail the criteria and reasons for ineligibility. 4. Discussion 4.1. The conclusions drawn appear to be not sufficiently supported, therefore are a little speculative, due to several limitations of the study. 4.2. They should discuss in more detail these important limitations. 4.3. The authors should clearly state that for the head-to-head comparison of PDT and RFA prospective, randomized, blinded, multi-centre studies are urgently needed.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3651

Title: Photodynamic therapy versus radiofrequency ablation for dysplastic Barrett' s esophagus: efficacy, safety and cost-comparison analysis

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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
<input checked="" 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

Ertan and colleagues analyzed 86 patients who underwent PDT or RFA for BE with dysplasia (39 patients with HGD). The study is well written and clear. My main concern regards the extensive use of endoscopic ablative techniques for HGD. As stated by the authors themselves in the discussion section, 40% of patients with HGD on biopsy have cancer if resected. Furthermore, ablative techniques do not allow to get a histopathological examination of the full lesion. Which is the role of EMR/ESD in the authors' experience? In Table I, the mean length of BE is reported to be 5.4 cm and 5.7 cm with a broad SD (3.2 cm) for PDT and RFA, respectively. Why EMR/ESD was not considered at least for short segment BE with HGD? The authors should mention this in the discussion section. EMR/ESD, although technically challenging, has the great advantage to be curative in a high percentage of cases and anyhow to be diagnostic. The authors should report better the length of follow up since results after endoscopic ablative therapies are clearly time-related. Median time of follow up should be reported together with the range. Showing the percentage of patients with a follow up longer than 24 months should be also of interest. Two patients in the PDT group had cancer. Which was the interval between endoscopic treatment and cancer diagnosis? This should be reported in the results section and eventually debated in the discussion.

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Title: Photodynamic therapy versus radiofrequency ablation for dysplastic Barrett' s esophagus: efficacy, safety and cost-comparison analysis

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
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COMMENTS TO AUTHORS

Dear author The paper sent for my comments is a well written and accurate study. It shows a striking superiority of RFA vs PDT for Barret esophagus and, even that the study has not been randomized and the numer of patients is not very long, the resaults deserve its publication. Beside the aforementioned, another drawback is the absence of a deeper analysis of other risk factors in each group and a proper multivariate analysis, which could have elucidated possible confusing factors in the population studied. Anyway, I think your results are very interesting ones and must be known by practical endoscopists.