

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6605

**Title:** Improved Barrett's Esophagus Detection with a Transparent Cap

**Reviewer code:** 00055108

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-10-25 19:42

**Date reviewed:** 2013-12-04 00:01

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

## COMMENTS TO AUTHORS

I acknowledge the authors effort in trying to improve the macroscopically evaluation of the distal oesophagus regarding Barretts oesophagus (BE) detection. \*quote: The goal of this study is to determine whether endoscope with the transparent cap device can increase the BE detection rate without accompanying more complications – unquote\*. As I reads it; could they improve detection rate of BE macroscopically. The Authors do not say anything about an histological detection rate and there their goal has not been fulfilled. The authors have not tested how the transparent cap helps in detecting BE macroscopically, they have tested how helpful the transparent cap could be in guidance to accurate tissue sampling. This is not what the authors have described as their goal for the study. I am also concerned about how they divided their groups in two. They describe that an index endoscopy without any cap was done, a suspicion was raised that BE could exist – quote \*Endoscopically visible extension of the columnar epithelium into the lower oesophagus was designated as endoscopically suspected BE\*unquote. Thereafter a new endoscopy with the transparent cap was done and tissues sampled. Once more – the transparent cap guided in tissue sampling – that was not the goal described. Looking at the results the author for the first time mention histological under \*discrimination of detection rate\*. During the discussion section once more the histological issues are discussed – it should have been outlined earlier in the manuscript that it was the detection of histological BE the transparent cap should help with. Furthermore the authors describes in the discussion section that magnification and dying of the mucosa were used during the study – they did not say anything of that in the method part of the manuscript i.e. how often it was used – and it might affect results. Regarding figures it would be nice to see the exact same area of suspected BE tissue without or with a transparent cap – and no dying or magnification.



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Consider language help. In conclusion: The goal is confusing and all parts of the manuscripts needs to be looked into with very thoroughly.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6605

**Title:** Improved Barrett's Esophagus Detection with a Transparent Cap

**Reviewer code:** 00029594

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-10-25 19:42

**Date reviewed:** 2013-12-11 18:49

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

## COMMENTS TO AUTHORS

The study is worth being published, maybe in a shorter version as a letter

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 6605

**Title:** Improved Barrett's Esophagus Detection with a Transparent Cap

**Reviewer code:** 00068388

**Science editor:** Ma, Ya-Juan

**Date sent for review:** 2013-10-25 19:42

**Date reviewed:** 2013-12-23 00:25

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ] Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	[ ] Existed	[ ] Minor revision
[ Y] Grade E (Poor)		[ ] No records	[ Y] Major revision

## COMMENTS TO AUTHORS

Diagnosis of Barrett esophagus requires both macroscopic (from endoscopy) and microscopic (biopsy) positive findings. Standard video endoscopes have a focal distance between 1 and 2 cm from the tip of the endoscope and use less than 200 000 pixels to construct an image. The transparent cap to be used in cases of suspicious "blind spots", and cap-assisted colonoscopy is useful in removing adenomas located behind the semilunar folds. The authors have not explained how the transparent cap improve the endoscopic detection of early neoplastic lesions in Barrett esophagus and the detection rate.