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Wan Chai, Hong Kong, China

ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6568
Title: Evaluation of routine biopsies in endoscopic screening for oesophagogastric junction (OGJ) cancer
Reviewer code: 00038786
Science editor: Ma, Ya-Juan
Date sent for review: 2013-10-25 17:55
Date reviewed: 2013-11-04 18:32

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
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

In the manuscript entitled "Evaluation of routine biopsies in endoscopic screening for oesophagogastric junction (OGJ) cancer", the authors try to elucidate the usefulness of taking a biopsy from the hot spot of cancer in OGJ. But they can not find any advantage to do so. 1. To show distribution of histology (low-grade, high-grade, intramucosal cancer, invasive cancer, etc) is recommended as the biopsy diagnosis in a table even if you diagnosed as only negative or positive. Additionally, final histological diagnosis after treatment is also necessary in a table. The reason why we perform screening is to find early stage neoplasms and treat in cure. 2. The readers must want to know the breakdown of 94 cases with normal appearing mucosa with positive biopsy (high-grade, mucosal cancer, invasive cancer). The number of low grade biopsy is also meaningful to show. 3. Please describe distribution of abnormal findings on OGJ. Were they mainly located in the right side? Consistency is necessary in both groups in your study subjects. 4. What kinds of endoscopes were used? Were there any differences among systems and endoscopes in terms of detection rates? Not only experience of endoscopists but also systems and endoscopes or other possible factors must affect the diagnoses. 5. Please remake the table 1 to inform of exact numbers of 4 categories, endoscopy normal with pathology positive, endoscopy normal with pathology negative, endoscopy abnormal with pathology positive, and endoscopy abnormal with pathology negative in each county. 6. OGJ cancers are closely associated with acid reflux symptoms, esophagitis, Barrett esophagus, H.pylori infection, etc. Did the authors collect these data to find out high-risk group of OGJ cancers? 7. Actually, I speculated the authors only targeted on adenocarcinoma in OGJ cancers. However, to confirm this speculation, please describe the fact. In China, squamous cell carcinomas of the

esophagus are more predominantly observed. So the reason why the authors focused on adenocarcinoma in OGJ is a little questionable. 8. Please show the representative cases of endoscopic pictures in normal appearing mucosa with positive biopsy. 9. The discussion is too long. Please focus on only relevant topics obtained in this study.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 6568
Title: Evaluation of routine biopsies in endoscopic screening for oesophagogastric junction (OGJ) cancer
Reviewer code: 00029045
Science editor: Ma, Ya-Juan
Date sent for review: 2013-10-25 17:55
Date reviewed: 2013-11-10 15:40

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

COMMENTS TO AUTHORS

This in a multicenter study that was aimed to explore whether routine biopsies at the high incidence spot of oesophagogastric junction cancer were justified in endoscopic screening. I have the following comments on this paper. Inclusion criteria are unclear and extremely confusing. "Based on previous field studies and population registry data, each high risk county was estimated to have 10-20 villages. The target population (38-72 years old) accounted for approximately 25% of total residents". What the Au means? "Participants were selected by random sampling of villages within each county". Once again, what the Au means? "During examination, suspicious lesions evidenced as congestion，bleeding, roughness, erosion， plaque and nodularity were targeted and 3-4 endoscopic biopsies were taken. If no mucosal abnormality was detected, additional routine biopsies were obtained from the high incidence spot, …" How many biopsies were taken at the normal mucosa? Were the examination performed with with-light endoscopes or high-definition or NBI? It would be interesting to know the epidemiological data of patients: BMI, alcohol and smoking consumption …. What about the patients with "positive" finding on normal mucosa? does these patients underwent follow up? there were evidences of regression of positive finding? In general this paper requires an extensive language revision and in my opinion introduction and discussion have to be shortened .