

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 7533

**Title:** Conventional endoscopic features are not sufficient to differentiate small, early colorectal cancer

**Reviewer code:** 02543482

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-28 08:34

**Date reviewed:** 2013-11-28 11:59

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 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 checked="" 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 checked="" type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

This article assesses the diagnostic value of invasive morphology, invasive pit patterns, and non-lifting signs of small colorectal neoplasia for determination of small SM deep cancers. I have carefully reviewed this article, several problems were found for publication. # The authors conclude that invasive morphology, invasive pit patterns, and non-lifting signs are not sufficient to differentiate small, early colorectal cancer based on their diagnostic accuracy. However negative predictive value for SM deep cancers of each factors are over 95%. NPVs for SM deep cancers > 95% are high and these should be considered as quite valuable for determination of treatment strategy (indication for endoscopic treatment or not). The conclusion of this article is misleading. # Seventeen lesions of 64 cancers were resected surgically and one lesion was resected by polypectomy technique. The authors should clarify how non-lifting sign were evaluated for these lesions. In addition, what kind of liquid was injected to the submucosal layer for assessing non-lifting sign.

## ESPS Peer-review Report

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

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**Title:** Conventional endoscopic features are not sufficient to differentiate small, early colorectal cancer

**Reviewer code:** 02543458

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-28 08:34

**Date reviewed:** 2013-12-12 13:51

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ Y] Grade A (Excellent)	[ Y] Grade A: Priority Publishing	Google Search:	[ Y] Accept
[ ] Grade B (Very good)	[ ] 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	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

## COMMENTS TO AUTHORS

This study showed the accuracy of white light endoscopy with regard to differentiation of small SM cancer. Many advanced techniques were developed such as magnifying endoscopy, however, many endoscopists use white light only endoscopes. It has large number of study population, and meticulous analyses.

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 7533

**Title:** Conventional endoscopic features are not sufficient to differentiate small, early colorectal cancer

**Reviewer code:** 02543077

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-11-28 08:34

**Date reviewed:** 2014-01-19 21:17

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

I would like to congratulate you for this piece of honest work. I feel that your data though is retrospective is worthy of being published. However, I find your tables confusing especially table 2. You have added the benign polyps to the superficial SM cancers; I don't think this adds any value. In addition, I would like to see a table comparing deep versus superficial SM cancers. Once these minor changes are implemented, I feel the paper should be accepted.