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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 8384
Title: Meta-analysis of endoscopic submucosal dissection versus endoscopic mucosal resection for the treatment of colorectal tumors
Reviewer code: 01438559
Science editor: Gou, Su-Xin
Date sent for review: 2013-12-28 14:31
Date reviewed: 2013-12-29 18:28

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:	[Y] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
I read this article of a meta-analysis of ESD versus EMR for the treatment of colorectal tumors with interest. ESD for colorectal lesions is still a developing area with a short history compared to ESD for gastric tumors. Since there is no prospective study assessing the efficacy of colorectal ESD, a meta-analysis of retrospective data of EMR and ESD is thus helpful to compare the two procedures. 1. Could you explain why only the articles that compared EMR and ESD were included in the meta-analysis? Because a large data in the 162 studies that included colorectal EMR or ESD were excluded. 2. Could you comment on why ESD showed a lower local recurrence rate than EMR, even though the curative histologically resection rate was similar between the two groups. 3. Removal of lesions smaller than "2 m" (page5, first line) should be 20mm or 2cm.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 8384
Title: Meta-analysis of endoscopic submucosal dissection versus endoscopic mucosal resection for the treatment of colorectal tumors
Reviewer code: 02462691
Science editor: Gou, Su-Xin
Date sent for review: 2013-12-28 14:31
Date reviewed: 2014-01-05 11:01

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
A meta-analysis on this topic is useful. A number of comments may help to improve the paper further. 1. It was mentioned that major proceedings/abstracts were searched but results did not mention anything about whether any abstracts were found or excluded. 2. Authors did not define the outcomes that they were studying in the Methods section. For example, what procedure-related complications were evaluated? How was histological resection defined? 3. A quality assessment of clinical studies that were included in the study may be preferable, for example with the use of Jadad score, even though these studies were not RCTs. It helps to judge why some papers may need to be excluded when there was conflicts in heterogeneity. Investigators involved in the assessment of these studies should be mentioned in the text (abbreviated e.g. JW). 4. Publication bias was determined by funnel plot and Egger test, but the actual results should be provided rather than just brief mention in the text. 5. What about other factors that could be studied/or that can explain the results for example the size (mentioned in Table 2 but not described) and location of lesions? 6. Legends should be provided for Table 2. Studies mentioned in Table 2 should be appropriately referenced rather than providing names for first author. 7. Please explain the discrepancy between local recurrence rate and histologically resected rate.