

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13105

**Title:** Clinical Usefulness of Endoscopic Ultrasonography for Evaluation of Ulcerative Colitis-associated Tumors.

**Reviewer code:** 00503405

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-06 14:18

**Date reviewed:** 2014-08-08 22:58

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"/> Existing	<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	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

In the original article of Kobayashi et al. the authors aimed to evaluate the clinical usefulness of EUS in the diagnosis of the invasion depth of colitis-associated tumors. They found that EUS provides a good estimation of the tumorous invasion depth. Though the case number is small, this manuscript seems to be the only one focusing on this topic. Using large search engines I could not find similar articles. Their results are of clinical importance as CAC is usually aggressive and hard to treat in advanced case. However, the authors mentioned that inflammation may result in an overestimated invasion depth of tumor. How can one discriminate between the inflammatory tissue and cancerous one with EUS? The figures are all help the understanding, the used references are up-to-date. Only some typo/grammatical mistakes can be found in the text, they must be corrected. After minor revision I suggest to accept the manuscript for publication in WJG.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13105

**Title:** Clinical Usefulness of Endoscopic Ultrasonography for Evaluation of Ulcerative Colitis-associated Tumors.

**Reviewer code:** 00068528

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-06 14:18

**Date reviewed:** 2014-08-10 04:34

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"/> Existing	<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 type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This paper addresses an important and widely-investigated area dealing with the well known risk of long standing ulcerative colitis (UC)-associated tumors. However, the authors didn't show a clinical/gastroenterological approach to the problem rather a mere endoscopic approach. I means that evaluating the risk-benefits of an endoscopic treatment of such complication of long standing UC (i.e., dysplasia or cancer) a correct clinical approach requires an accurate description of the extension of the disease and of the clinical course of the disease itself, previous pharmacological treatment the patients underwent (i.e, 5-ASA, steroids, immunomodulators or biologics) and, above all, the possible requirement of anti-TNF therapy in the next future for patients with a high value for the Mayo score. The latest, is the most important issue required because of the well-known risk of cancer induced by Anti-TNF compounds. Indeed, the use of most of biologics is contraindicated in patients with a previous history of cancer or high grade dysplasia. It means that patients underwent to an endoscopic resection of colon cancer will not allowed to receive this type of drugs in case of a severe clinical relapse of the disease. However, even if some authors would suggest that adenoma-like DALM can be resected endoscopically irrespective of the grade of atypia, provided that there is no evidence of cancer or dysplasia in other parts of the large intestine, I think that this approach is suitable in only a very small percentage of selected patients and cannot represent a standard treatment. On the contrary, EUS is most often used to evaluate colorectal cancer and helps



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

to evaluate the depth of invasion of colorectal cancer on the basis of changes in the layer structure of the large intestinal wall on EUS thus allowing a correct endoscopic approach on removing the neoplastic lesion. In my opinion, this paper doesn't reach the standard of papers usually accepted for publication in WJG. I thank you for considering me as reviewer for this manuscript. Best regards,

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13105

**Title:** Clinical Usefulness of Endoscopic Ultrasonography for Evaluation of Ulcerative Colitis-associated Tumors.

**Reviewer code:** 00503545

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-06 14:18

**Date reviewed:** 2014-08-08 11:03

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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 checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

In this paper Kobayashi et al. evaluated the clinical usefulness of endoscopic ultrasonography (EUS) for diagnosis of the invasion depth of UC-associated tumors, and concluded that EUS provides a good estimation of the invasion depth of UC-associated tumors. This paper is well written and the content of the paper is interesting. However, the authors should address the following points. 1. As the authors mentioned, intestinal inflammation due to UC might lead to overestimation of the depth of invasion. Thus, the authors should show whether colonic inflammation due to UC was observed in each case of the study. 2. The authors should demonstrate the differences for evaluating the invasion depth on EUS between sporadic tumors and UC-associated tumors.

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 13105

**Title:** Clinical Usefulness of Endoscopic Ultrasonography for Evaluation of Ulcerative Colitis-associated Tumors.

**Reviewer code:** 00056678

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-08-06 14:18

**Date reviewed:** 2014-08-20 20:48

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The interest of this study is unclear because it does not change the management of the disease. However, it would be interesting to study if EUS highlights some anomalies around the neoplastic lesions and if it could be possible to distinguish the DALM from the ALMs.