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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 13731
Title: Comparison of tolerability of the narrow band imaging endoscopy with lugol chromoendoscopy
Reviewer code: 01437824
Science editor: Su-Xin Gou
Date sent for review: 2014-09-01 08:06
Date reviewed: 2014-09-03 22:19

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

COMMENTS TO AUTHORS

I have the opportunity to review the manuscript entitled "Comparison of tolerability of the narrow band imaging endoscopy with lugo chromoendoscopy". The authors have demostrated with 51 patients that NBI is better than lugol chromoendoscopy for esophageal cancer screening. I have any comment to do

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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 13731
Title: Comparison of tolerability of the narrow band imaging endoscopy with lugol chromoendoscopy
Reviewer code: 02953383
Science editor: Su-Xin Gou
Date sent for review: 2014-09-01 08:06
Date reviewed: 2014-09-11 22:37

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	[ ] Existing	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[Y] Grade D: Fair		BPG Search:	[ ] Rejection
[ ] Grade E: Poor	[ ] Grade D: Rejected	[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

This study aimed to compare the tolerability of magnifying NBI and lugol chromoendoscopy in the screening of esophageal cancer. The authors found the magnifying NBI had less adverse symptoms, less affecting HR and shorter procedure time. However, before reaching these conclusions, several issues needed to be considered and further clarified. 1. Procedure time, which includes the time spent on biopsy of the suspected lesions, may be affected by the total biopsy numbers. Since more biopsy procedures were done in the Lugol group, a longer total procedure time is anticipated. 2. Biopsy per se also may cause symptoms such as chest pain and more biopsy procedures performed in the lugol group may also cause more discomfort 3. Biopsy usually performed on the larger LVL lesions. Please define more clearly the biopsy criteria since this is not an operator blind study. 4. In my personal experience, for patients undergoing magnified endoscopy, some patients may complain of throat pain and sometimes minor mucosa abrasion and bleeding due to large diameter of the magnifying endoscope. These adverse symptoms have not been evaluated in the present study. 5. Two endoscopists took part in the study. How about their endoscopy experiences and interobserver concordance? 6. In addition to the tolerability, the diagnostic yield/accuracy should also be considered. In the magnifying group, the esophageal observation time was reported as short as 25 sec, which may hamper the diagnostic yield. 7. The diagnostic performance, in terms of sensitivity and specificity, is also important in the comparison of different screening methods. What is the gold

standard in the screening of the esophageal cancer? 8. The sample size was relatively small. 9. The title should be more specific.