ESPS PEER-REVIEW REPORT

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

COMMENTS TO AUTHORS

Intra-papillary capillary loop (IPCL) is the terminal capillary of the esophageal epithelium that exists in the epithelial papillae. Esophageal squamous cell carcinoma (ESCC) limited in the epithelium (M1) or lamina propria mucosae (M2) are well known to reveal characteristic morphological changes of the IPCL such as "dilation, tortuosity, change in caliber, and variety of shape" that were firstly described by Inoue et al. This Inoue's tetrad criteria is widely used by Japanese endoscopists, and efficacy of this criteria has been proven. In addition, this Inoue's tetrad criteria well demonstrate the features of the cancer vasculature from the aspect of the angiogenesis. However, authors pointed out the difficulty of Inoue's tetrad criteria and proposed a simplified diagnostic criteria for the changes of the IPCL. From the statistical analysis, authors extracted "variety of shape" among the tetrad criteria as the most significant parameter for prediction of ESCC. In addition, authors also focused on the "proliferation of the IPCLs", and proposed a simplified criteria combined the "variety of shape of the IPCL" and "proliferation of the IPCLs". I think this manuscript is well written, and easy to understand. The quality of the paper will be strengthened if the authors could add the following

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information in the text.   1) Table 3. Please show the odds ratio and 95% confidence interval of the other parameters. In addition, presence or absence of each four criteria by dividing the esophagitis, LGIN, and ESCC should be described. 2) Table 2. 10 cases of M3 or deeper cancer were included. Tumor vasculature (neovasculature) might be observed in these cases. Could authors observe IPCLs inside the cancer lesion in all these 10 cases?   3) Proliferation of the IPCL has been proven from the aspect of the immunohistochemistry. Authors should refer the following manuscript and discuss this issue in discussion section if possible. Kubota Y, Kaneko K, Konishi K et al. The onset of angiogenesis in a multistep process of esophageal squamous cell carcinoma. Front Biosci 2009 ;14:3872-8. Kumagai Y, Sobajima J, Higashi M et al. Angiogenesis in Superficial Esophageal Squamous Cell Carcinoma: Assessment of Microvessel Density Based on Immunostaining for CD34 and CD105. Jpn J Clin Oncol. 2014 Jun;44(6):526-33. 4) Figure 2B: This picture is very beautiful. However, the magnification power is low, and IPCLs are observed as dots. Thus, it is difficult to recognize the "variety of shape" for the readers. Please show another picture that clearly demonstrate the "variety of shape" of the IPCLs.   5) Authors should introduce the outline of morphological changes of the microvasculature from normal squamous epithelium through invasive cancer in introduction section.

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Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 27920
Title: Simplified criteria for diagnosing superficial esophageal squamous neoplasms using narrow band imaging magnifying endoscopy
Reviewer's code: 03362724
Reviewer's country: Turkey
Science editor: Jing Yu
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Date reviewed: 2016-08-02 17:51

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COMMENTS TO AUTHORS

I am not sure that these simplified criteria can be used in the practice of diagnosing SESCC because of lower sensitivity, specificity, and accuracy.