

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 29324

**Title:** Removal of diminutive colorectal polyps: A prospective randomized clinical trial between cold snare polypectomy and hot forceps biopsy

**Reviewer's code:** 03262628

**Reviewer's country:** Turkey

**Science editor:** Jing Yu

**Date sent for review:** 2016-08-09 16:51

**Date reviewed:** 2016-09-05 03:16

| CLASSIFICATION                                    | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | 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"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input type="checkbox"/> Grade C: Good            |   | <input type="checkbox"/> Duplicate publication |  |
| <input checked="" type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input checked="" type="checkbox"/> Rejection          |
| <input type="checkbox"/> Grade E: Poor            | <input type="checkbox"/> Grade D: Rejected                            | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                |
|   |   | BPG Search:                                    | <input type="checkbox"/> Major revision                |
|   |   | <input type="checkbox"/> The same title        |  |
|   |   | <input type="checkbox"/> Duplicate publication |  |
|   |   | <input type="checkbox"/> Plagiarism            |  |
|   |   | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

The topic of your paper is quite well understood in recent years concluding the cold polypectomy is an acceptable safe method. So in my opinion your paper does not give a new and unexpected message for the reader.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 29324

**Title:** Removal of diminutive colorectal polyps: A prospective randomized clinical trial between cold snare polypectomy and hot forceps biopsy

**Reviewer's code:** 03262874

**Reviewer's country:** United States

**Science editor:** Jing Yu

**Date sent for review:** 2016-08-09 16:51

**Date reviewed:** 2016-09-10 05:01

| CLASSIFICATION                                    | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | 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"/> The same title        | <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"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                            | <input checked="" type="checkbox"/> No         | <input checked="" type="checkbox"/> Minor revision     |
| <input type="checkbox"/> Grade E: Poor            |   | BPG Search:                                    | <input type="checkbox"/> Major revision                |
|   |   | <input type="checkbox"/> The same title        |  |
|   |   | <input type="checkbox"/> Duplicate publication |  |
|   |   | <input type="checkbox"/> Plagiarism            |  |
|   |   | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

This is a well designed study and is nicely written. In fact, this theory is accepted intuitively but most gastroenterologists do not adopt cold snare polypectomy for diminutive polyps because of the extra time that it takes to do polyp resection through this technique as opposed to forceps biopsy. I have some questions for the authors 1) Why choose hot biopsy forceps and not cold biopsy forceps to compare with cold snare as cold biopsy forceps is more widely used and not hot biopsy forceps due to known risk of thermal injury. 2) Please let us the amount of time that it took for complete polyp resection of each colonoscopy by these two different techniques and let us know the P values for the two techniques. This is important as currently forceps biopsy (cold/hot) polypectomy is preferred for cold snare of diminutive polyps due to added time.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 29324

**Title:** Removal of diminutive colorectal polyps: A prospective randomized clinical trial between cold snare polypectomy and hot forceps biopsy

**Reviewer's code:** 03474228

**Reviewer's country:** Japan

**Science editor:** Jing Yu

**Date sent for review:** 2016-08-09 16:51

**Date reviewed:** 2016-09-12 15:29

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

## COMMENTS TO AUTHORS

This single-center, open-labeled, randomized trial successfully demonstrated that the CSP was superior to HFB in terms of complete resection rate and pathologically margin-negative rate. This is the first trial which compared the efficacy between CSP and HFB, thus has a certain impact on routine clinical practice especially in Japan, where HFB is still often performed in many hospitals. However, I have some major and minor comments on this beautifully designed trial. Major: 1. Please give information on the rejection rate for inclusion of the trial. 2. The authors randomized the eligible patients when their polyps were detected. How many patients who had no diminutive polyps were excluded before randomization? 3. Please add above information (1. & 2.) to the flow chart. 4. Authors conducted only "per-protocol" analysis for the data interpretation. Usually in the RCT, both "intention-to-treat" and "per-protocol" analysis are performed and "intention-to-treat" analysis should be put much value on for the primary outcome measure. Please conduct the ITT analysis in consideration of the polyp retrieval failure cases, EMR-converted cases, and resected non-neoplastic polyps. If you were not able to gain the endoscopic/pathological data for the failure



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cases, you could treat these lesions as lesions whose cut margins were positive in ITT analysis (worst case scenario analysis). Please consult the statistician before conducting this analysis. (If you consider the ITT analysis was not appropriate for this trial, please mention the reason in the discussion section.) Minor: 1. Please provide 95% confidence interval for all the outcome measures. 2. HFB seems to be unpopular in the West now, which might reduce the generalization of this RCT. Please explain the today's position/situation of HFB in the treatment of diminutive colorectal polyps in the West in the limitation section.