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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 36073
Title: Post-colonoscopy colorectal cancer (PCCRC) rate in the era of high-definition colonoscopy
Reviewer's code: 00724362
Reviewer's country: Slovenia
Science editor: Ze-Mao Gong
Date sent for review: 2017-08-31
Date reviewed: 2017-09-03
Review time: 3 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[Y] 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	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is very good article on important topic. The article may be useful for all specialists (endoscopist, gastroenterologists, surgeons, oncologist, epidemiologist, general practitionaire...). It can be also good example for endoscopist from the other countries and hospitals to analyze their own results.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
Manuscript NO: 36073
Title: Post-colonoscopy colorectal cancer (PCCRC) rate in the era of high-definition colonoscopy
Reviewer's code: 00181023
Reviewer's country: Austria
Science editor: Ze-Mao Gong
Date sent for review: 2017-08-31
Date reviewed: 2017-09-10
Review time: 10 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] 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	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript by Iwatate et al. reports a retrospective cross-sectional cohort study analysing the post-colonoscopy CRC rate in the era of HD endoscopy. The study involves two expert centres, it is sound and well written. Few comments. 1. The diagnosis of cancer needs a definition. In Japan, mucosal cancers exist, which are not regarded as cancer in the Western world. Were all cases invasive to the submucosal layer? This brings me to the point that histology diagnosis needs to be added to table 2. Data presentation (in the abstract and results section) can be improved as follows. Currently we read "the PCCRC had … smaller tumours (39 mm vs 19 mm…)", it would be much better (in particular easier to read) when you turned it around "the PCCRC had … smaller tumours (19 mm vs 39 mm…)". This holds true for the other comparisons as well which should likewise be turned to increase readability. 3. You should compare your

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PCCRC rate primarily to Asian data, just comparing it to Western endoscopy is not ideal (Japanese endoscopy is superior to Western endoscopy, we know that). Best would be to compare your HD PCCRC rate with the rate within your own hospital before HD was introduced. Possible? If not the limitations story at the end of the discussion would benefit from including these issues. 4. SSA/P. You might add the CARE study (Pohl et al. in Gastroenterology, 2013) which clearly shows that the rate of incomplete resection is significantly higher in SSA/Ps compared to standard adenomas.