

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41491

Title: Narrow Band Imaging and White Light Endoscopy in the characterization of a polypectomy scar: a single-blind observational study

Reviewer's code: 03261241

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-22

Date reviewed: 2018-08-30

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors conducted a prospective observational study to access the incremental benefit of narrow band imaging (NBI) in the follow-up of a post endoscopic piecemeal mucosal resection (EPMR) scar. In this study, the accuracy in detecting residual



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neoplasia in a polypectomy scar was evaluated by randomly applied NBI and high-definition white light endoscopy (WLE). Although not statistically significant, NBI after WLE tended to improve the accuracy of endoscopic diagnosis, whereas WLE after NBI did not improve. They concluded that the use of NBI after WLE might improve residual neoplasia detection at the first post-EPMR assessment. In general, this is a well-written paper that presents interesting data. It will be of interest to readers of this journal, especially to the endoscopists in the field. The paper requires minor revision, which are listed below. 1. In the Result section, the word PPV should be spelled out on the first occurrence with the abbreviated form shown in parentheses.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41491

Title: Narrow Band Imaging and White Light Endoscopy in the characterization of a polypectomy scar: a single-blind observational study

Reviewer's code: 02941471

Reviewer's country: China

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-22

Date reviewed: 2018-08-30

Review time: 8 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The paper addressed whether the use of narrow band imaging (NBI) instead of high-definition white light endoscopy (WLE) could improve the detection of residual neoplasia during the follow-up of endoscopic piecemeal mucosal resection (EPMR). The



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paper showed the use of NBI after WLE may improve residual neoplasia detection .I think it is a valuable paper and bring some help to clinicians.I wish more studies will confirm the conclusion of the paper.

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- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 41491

Title: Narrow Band Imaging and White Light Endoscopy in the characterization of a polypectomy scar: a single-blind observational study

Reviewer's code: 00069471

Reviewer's country: Japan

Science editor: Xue-Jiao Wang

Date sent for review: 2018-08-22

Date reviewed: 2018-09-01

Review time: 10 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

In this manuscript, authors investigated the efficacy of NBI for detecting the residual neoplasia after EPMR. Major comments 1. In the present clinical settings, colonoscopy is normally performed in a WLE mode and in a limited situation NBI mode is used.



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Therefore, it is inconceivable that a colonoscopist sees an EPMR scar with NBI at the first review. I wonder whether it is meaningful to evaluate such a situation. 2. Please make it clear how often clips remained at a follow-up colonoscopy.

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