

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 76035

Title: Changes in the esophagogastric junction outflow obstruction manometric feature

based on the Chicago Classification updates

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03033812 Position: Peer Reviewer Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2022-03-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-10 16:33

Reviewer performed review: 2022-03-10 20:12

Review time: 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Li et al. present a retrospective series of patients that underwent high resolution manometry with the diagnosis of esophagogastric junction outflow obstruction (EGJOO) either by Chicago classification 3.0 or 4.0 and compared to controls with a normal HRM. The topic is interesting and the addition of UES parameters is a good addition; but there are some issues with methodology and data interpretation: 1) Individuals with normal HRM cannot be used as controls. They are not healthy volunteers as far as I understood and they underwent HRM for clinical reasons. Moreover, pHmonitoring was not 2) It is unclear if patients with EGJOO based on Chicago 4.0 had also supportive tests and symptoms or only a manmetric feature. 3) All comparisons should be done using groups chicago 3 and only otherwise it is very confusing to follow the manuscript. 4) The analysis of symptoms including the whole population is not contributory. 5) The presented ROC curve also is meaningless. How can you diagnosis a manometric disease based on other parameters apart from the ones that define the disease. Minor comments: 1) "p value" NOT "P value" 2) numbers should not be repeated in the text if they are included in the table. This makes the manuscript long and confusing. 3) Please clarifiy what "pharyngeal paresthesia" means



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Reviewer's code: 05081500 Position: Peer Reviewer Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

This is an interesting paper which assess the utility of various parameters during the HRM study in an attempt to better define EGJOO. Several paraments have been noted that seem to improve the sensitivity and specificity of identifying this cohort which potentially can be used in clinical practice; however the relevance of these is not clear considering the lack of therapeutic outcome responses. I have a few queries 1. What was the protocol for each position? How many swallows were undertaken when supine and upright? 2. What is the difference between the designation of EGJOO and isolated supine EGJOO? 3. RDC was measured during the first 30 seconds. But free drinking commonly takes much less than 30 seconds unless the swallowing was interrupted. Was 30 seconds used as a standard for all regardless of the time it took to drink or do the authors mean that if the free drinking was extended they would cut off the measurement at 30 seconds? 4. What are the CC4 criteria that were used to meeting manometric definitions of EGJOO? It is not clear what the 27 patients who did not meet the criteria were and how they were included as part of the 51 in the first instance. 5. Were these cases all incidental or did patients present with symptoms? What were the symptoms, who had them? 6. Were there patients who had median raised IRP when upright but normal when supine? The CC4 does not exclude such patients from being considered EGJOO. 7. With regards to the controls, it needs to be described what symptoms they attended with/why did they have the tests? Did they have dysphagia and were found to have normal HRM? Or did they attend for a completely different reason? 8. It states that among the 24 EGJOO patients there were 5 with spastic features. By definition therefore these are not EGJOO, rather they are Type III achalasia 9. In EGJOO there



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needs to be an attempt at determining if the obstruction is mechanical, mucosal or muscular. There is no data regarding endoscopy findings, exclusion of conditions such as EoE, mechanical stricture/Schatzki rings, narrow caliber esophagus, extrinsic compression nor the use of opiates – all of this data is required before patients are considered to have functional EGJOO and their data used during measurements. CC4 excludes those from being attributed to functional EGJOO from those with mucosal and mechanical pathology 10. In the section on relationship between symptoms and parameters, the parameters measured were based on 97 patients, that means it includes the controls, why? Were any of the abnormalities of parameters and symptoms identified in the controls? If so, these are no longer controls. 11. Both CC4 and the paper by Sanagapalli et al AJG 2021 define the utility of provocative testing with inclusion of solid swallows to better define clinically relevant dysmotility and EGJOO, but there is no mention in this paper anything about using provocative testing



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Author's Country/Territory: China

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Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors addressed well all suggestions



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Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I am happy with the explanations and amendments