

## PEER-REVIEW REPORT

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

**Manuscript NO:** 84209

**Title:** Hot snare polypectomy vs endoscopic mucosal resection using bipolar snare for intermediate size colorectal lesions: propensity score matching

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05465429

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor, Staff Physician

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-03-02

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-23 08:34

**Reviewer performed review:** 2023-03-28 15:49

**Review time:** 5 Days and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Dear Author, I read with interest the manuscript entitled "Hot snare polypectomy versus endoscopic mucosal resection using bipolar snare for intermediate size colorectal lesions: propensity score matching" by Nobuhisa Minakata et al. This was a single-center retrospective study comparing the safety and efficacy of HSP and EMR by the use of a bipolar snare for non-peduncolated colo-rectal lesions of 10-15 mm. Although affected by its retrospective nature, I consider the manuscript innovative and relevant for the research context. However, I have the following major comments: Major 1. Materials and methods: "Once removed, the lesions were fixed in formalin, embedded in paraffin, sectioned into 2-3 mm slices, stained with haematoxylin-eosin, and evaluated by two experienced pathologists blinded to the patient's clinical information." Given the retrospective nature of the study, this is unclear. How was blinded evaluation possible (pathological specimen revision by two blinded pathologists)? Please clarify. 2. Materials and methods: in the definition of perforation the onset of presentation is not specified (early versus late-onset perforation). Please clarify. 3. Materials and methods: main adverse event associated with HSP is

post-polypectomy syndrome due to excess coagulation and thermal injury of the colonic wall. Thus, this outcome should be properly defined and addressed by the current study.

4. Materials and methods: were techniques to prevent delayed bleeding or perforation (i.e. post-resection clipping or other) applied? Please specify.

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**Reviewer's code:** 05048979

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-03-02

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-03-26 04:50

**Reviewer performed review:** 2023-04-05 01:15

**Review time:** 9 Days and 20 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This is a single center retrospective study using propensity score matching method to compare the treatment outcomes of bipolar polypectomy with hot snare polypectomy (HSP) to those with endoscopic mucosal resection (EMR). Author concluded that Using bipolar snare, ER of nonpedunculated 10–15 mm colorectal lesions may be performed safely and effectively, even without submucosal injection. I have some comments. Major Comments 1. I think it's very hard to show the equality between two groups in those small sample size. This is limitation of this study. Please show your results with 95% CI. And if you prove inferiority, how many cases would be needed or what rate would be appropriate in this sample size? And please show this is limitation of this study. 2. How did investors select HSP or EMR? Investors selected treatment methods with indication of themselves. Could the indication of those two methods be different? And those factors included in propensity matching variables? It could be another limitation of this study. 3. Please show the detailed diagnostic performance of JNET type 2A especially in difference between non-expert and expert. Is there no potential of including T1 cancers? How do you think about HSP for T1 cancers? And



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also, those diagnostic methods can become standard or generalized in the world because HSP would be allowed for patients with type 2A? 4. Standardized difference of histological findings is over 0.1. Please mention it and show the influence of it. 5. I didn't understand the meanings of 'RX/R1 resection were classified as HMX/VM0' in results section. Please explain more detail. You mean there were no patients with VM1 or VMx? 6. Recently, no electrical resection like cold polypectomy was known reducing the post-polypectomy bleeding. But you mentioned HSP with bipolar reduces bleeding. Please explain the mechanism of those. 7. EMR is high potential of perforation compare to HSP? 8.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Academic degree:** MD

**Professional title:** Doctor, Staff Physician

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2023-03-02

**Reviewer chosen by:** Li Li

**Reviewer accepted review:** 2023-04-23 07:01

**Reviewer performed review:** 2023-04-23 08:42

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

## **SPECIFIC COMMENTS TO AUTHORS**

Dear Editor, Dear Authors, All comments were properly addressed by the authors.