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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 70554

Title: Increased risk of colorectal neoplasia in inflammatory bowel disease patients with

post-inflammatory polyps: A systematic review and meta-analysis

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04091933

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Senior Researcher

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2021-08-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-07 09:47

Reviewer performed review: 2021-08-15 10:53

Review time: 8 Days and 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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
Re-review	[]Yes [Y]No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The incidence of IBD and colorectal neoplasia (CRN) is not decreasing and is even increasing in some countries. The study is highly relevant as it evaluates the risk of CRN in patients with IBD and post-inflammatory polyps (PIPs). The study is well planned and complies with the PRISMA 2009 statement. The meta-analysis of 12 high-quality observational studies including nearly 6000 patients (including 2000 with PIPs) indicated that IBD patients with PIPs had a 2-fold increased risk of CRN. The author's findings may have implications for clinical practice as they may provide personified endoscopic surveillance strategies for IBD patients. It is important that reviewed study confirmed the guideline for more aggressive colonoscopy of IBD patients with PIPs and improved the evidence. The authors clearly described the existing limitations, which do not reduce the quality of the study results. Literary references are relevant, without self-citation. The manuscript can certainly be recommended for publication.