

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 26271

**Title:** Colon adenoma features and their impact on risk of future advanced adenomas and colorectal cancer

**Reviewer's code:** 02941416

**Reviewer's country:** South Korea

**Science editor:** Jing Yu

**Date sent for review:** 2016-04-06 16:58

**Date reviewed:** 2016-04-28 08:59

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors analyzed the association between adenomas and the risk of future adenomas and CRC by reviewing studies on the National Library of Medicine from Jan, 2003 to May, 2015. They found that villous features, high-grade dysplasia, larger adenoma size, and having  $\geq 3$  adenomas at baseline were associated with an increased risk of future colonic neoplasia in some but not all studies. Serrated polyps in the proximal colon were associated with an increased risk of future colonic neoplasia, comparable to having a baseline advanced adenoma. Their findings are straightforward and provide compelling evidence to adhere to current colonoscopy follow-up guidelines. I have some comments for the authors. 1. Though the authors mentioned ADR as colonoscopy quality control in the Discussion section, this was not mentioned in the analysis. I suggest that the authors include this in the Results section to help the readers understand that all mentioned studies met the ADR recommendations. 2. Did any of the studies mention an increased risk if multiple criteria for advanced adenoma were met. For example a subject with a high grade adenoma of 1cm may have a lower risk than those of high grade, villous adenoma of 1cm. I understand that retrospectively



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reviewing past studies makes this difficult. However, it would be of interest to the readers if multiple risk factors indeed increase the risk. 3. The studies included have a median follow-up period of 2-5 years excepting one study by Bertario (2003). I believe that this period is too short to draw firm conclusions. This may be mentioned as a limitation in the Discussion section.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 26271

**Title:** Colon adenoma features and their impact on risk of future advanced adenomas and colorectal cancer

**Reviewer's code:** 00069471

**Reviewer's country:** Japan

**Science editor:** Jing Yu

**Date sent for review:** 2016-04-06 16:58

**Date reviewed:** 2016-05-10 00:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

In this review article, authors deal with the association between specific adenoma features and future colonic neoplasia. In many articles advanced adenomas are defined as any adenoma  $\geq 10\text{mm}$  in size or with villous component or high-grade dysplasia, but the risk of each factor has not been much assessed. In this regard, this review article provides us some information. Major comment: 1. Authors referred a lot of articles and analyzed the association of histologic features of adenoma and the risk of future colon neoplasia. However, there is no suggestion drawn from this analysis. For example, authors said that villous histology might have a small association with future advanced neoplasia. So do they suggest that villous histology should not be a factor for advanced neoplasia? Authors did not mention that point.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 26271

**Title:** Colon adenoma features and their impact on risk of future advanced adenomas and colorectal cancer

**Reviewer's code:** 03474228

**Reviewer's country:** Japan

**Science editor:** Jing Yu

**Date sent for review:** 2016-04-06 16:58

**Date reviewed:** 2016-05-10 14:18

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

Congratulations on the excellent manuscript. The authors present a very well written review article which evaluates the evidence on the association between specific adenoma features and future colonic neoplasia. The inclusion/exclusion criteria are appropriate and all the analyses are clearly and well described. The author Dr. Audrey H. Calderwood is one of the rising stars working on this field and considered to be worth presenting this review. My only concern is that authors did not mention the importance of the results of the National Polyp Study in discussion. To my knowledge, the current US guideline (especially regarding the recommended surveillance interval) was produced on the basis of the results of the National Polyp Study. I'd like to request the authors to interpret the results of the present study by comparing with those of the National Polyp Study in the discussion section.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 26271

**Title:** Colon adenoma features and their impact on risk of future advanced adenomas and colorectal cancer

**Reviewer's code:** 03551966

**Reviewer's country:** Singapore

**Science editor:** Jing Yu

**Date sent for review:** 2016-04-06 16:58

**Date reviewed:** 2016-05-16 23:04

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors have attempted to review the impact of colon adenoma features and the potential risk of future recurrence similar advanced adenomas and colorectal cancer. The authors have identified the factors of architecture, number of polyps, size of polyp and advanced dysplasia as risk factors which should encourage more frequent colonoscopy surveillance. As the evidence is highly heterogeneous, the effort put in is commendable. There are some comments with regards to the manuscript: 1. There are many guidelines published with respect to surveillance protocols. Would the authors comment and perhaps summarise some of these guidelines in a table based on the colon adenoma features. Would the differences in guidelines perhaps be linked to national economics rather than disease prevalence? Would these protocols be different according to different continents as well? 2. Would the identification of colon adenoma features be different leading to different surveillance rates? The authors have alluded to biopsy measurements but would narrow band imaging and other methods be useful? Perhaps the authors can comment on those.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 26271

**Title:** Colon adenoma features and their impact on risk of future advanced adenomas and colorectal cancer

**Reviewer's code:** 02446471

**Reviewer's country:** United States

**Science editor:** Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a well-written comprehensive review of current literature on colon adenoma features and colorectal cancer risk. The tables and the figure help readers to understand the major points of this review. It should have a good impact on the field and should be published without delay.