

## PEER-REVIEW REPORT

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

**Manuscript NO:** 41168

**Title:** Screening for Colorectal Cancer in Patients with Inflammatory Bowel Disease.  
Should we already perform Chromoendoscopy in all our Patients?

**Reviewer's code:** 00503623

**Reviewer's country:** United States

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-30

**Date reviewed:** 2018-07-31

**Review time:** 1 Day

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 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:
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

This editorial presents the literature data supporting the need for patients with IBD for screening and follow-up by chromoendoscopy. However, while chromoendoscopy is superior to white light endoscopy for detection of dysplasia in IBD, the procedure



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requires specially trained endoscopist, is time consuming, and subject to adverse effects caused by dye. The recommended alternative to chromoendoscopy is high-definition video-colonoscopy and colon biopsy. This technique, obviously, is not subject to adverse effect of dyes and does not require special training. However, both techniques appear to be equally effective for the detection of neoplasia. Never the less the recommendation is that all patients with IBD who are screened and followed up for CRC undergo chromoendoscopy. This is a reasonable and cautious recommendation. The paper is well written and supported by the pertinent literature.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

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**Reviewer's code:** 01467363

**Reviewer's country:** Slovenia

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-30

**Date reviewed:** 2018-08-02

**Review time:** 3 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:
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			<input type="checkbox"/> Yes
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## SPECIFIC COMMENTS TO AUTHORS

**Title:** accurately reflects the topic and contents of the paper. **Abstract:** is appropriate, not structured, 134 words. **Key words:** 5 key words, precisely define the content of the paper. **Core tip:** is appropriate, 92 words. **Editorial:** is informative, 958 words, the



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reader is acquainted with known facts about IBD patients, higher risk of developing colorectal cancer and the the need for targeted screening procedures. The authors present the results of research in recent past, which confirms the performance of chromoendoscopy versus white light endoscopy and other imaging (NBI...) techniques. The disadvantages of chromoendoscopy are summarized in table 1. They conclude, that chromoendoscopy should be performed in all patients with IBD who are to be screened and followed up for colorectal cancer. References: 17, contemporary references from recent past (2011 – 2018), influential journals in this field (Gut, Gastroenterology, World Journal of Endoscopy, World Journal of Gastroenterology, Gastrointest Endoscopy...). Conflict of interest: the authors declared no conflict of interest. Opinion of the reviewer The manuscript is interesting, I suggest to accept the contribution.

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**Reviewer's code:** 02527837

**Reviewer's country:** Italy

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-30

**Date reviewed:** 2018-08-02

**Review time:** 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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			Conflicts-of-Interest:
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### SPECIFIC COMMENTS TO AUTHORS

The authors should explain what could be done to spread the procedure in all endoscopic centers. How to overcome the different barriers? I think it is a very interesting topic regarding the screening for colorectal cancer in IBD patients..



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**Telephone:** +1-925-223-8242  
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**Reviewer's code:** 01799104

**Reviewer's country:** Taiwan

**Science editor:** Ying Dou

**Date sent for review:** 2018-07-30

**Date reviewed:** 2018-08-08

**Review time:** 9 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
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### SPECIFIC COMMENTS TO AUTHORS

I am quite agree with that the chromoendoscopy is a better way to identify neoplastic lesion in IBD, though NBI may have some role in certain study. May be you should point out the more important issue that using this modern modality we can detect flat lesion



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and resect it endoscopically. In other words, chromoendoscopy has the advantage of detect early lesion other than DALM (dysplasia associated lesion or mass) as conventional white light does which might need surgical resection.

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