

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 83952

Title: Expanding Endoscopic Boundaries: Endoscopic Resection of Large Appendiceal Orifice Polyps with Endoscopic Mucosal Resection and Endoscopic Submucosal Dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04743986

Position: Editorial Board

Academic degree: FRCS, FRCS (Gen Surg), MBBS

Professional title: Professor

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: United States

Manuscript submission date: 2023-02-17

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-14 08:46

Reviewer performed review: 2023-03-14 09:07

Review time: 1 Hour

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☐ Grade C: Good ☒ Grade D: Fair ☐ Grade E: Do not publish
Novelty of this manuscript	☐ Grade A: Excellent ☐ Grade B: Good ☒ Grade C: Fair ☐ Grade D: No novelty

Creativity or innovation of this manuscript	☐ Grade A: Excellent ☐ Grade B: Good ☒ Grade C: Fair ☐ Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	☐ Grade A: Excellent ☐ Grade B: Good ☒ Grade C: Fair ☐ Grade D: No scientific significance
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☐ Yes ☒ No
Peer-reviewer statements	Peer-Review: ☒ Anonymous ☐ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

Thanking authours for bringing the value of using pathfinder / di-lumen for carrying out advanced endoscopic composite procedures. They have touched on the importance of hybrid procedures attentively. However, the numbers in this one centre retrospective study are small, non- RCT, follow up colonoscopy to know the outcomes is missing in 43% of patients, questioning the robustness of this study.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 83952

Title: Expanding Endoscopic Boundaries: Endoscopic Resection of Large Appendiceal Orifice Polyps with Endoscopic Mucosal Resection and Endoscopic Submucosal Dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03881371

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2023-02-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-12 16:21

Reviewer performed review: 2023-03-25 03:00

Review time: 12 Days and 10 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☒ Grade C: Good ☐ Grade D: Fair ☐ Grade E: Do not publish
Novelty of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No novelty

Creativity or innovation of this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No creativity or innovation
Scientific significance of the conclusion in this manuscript	☐ Grade A: Excellent ☒ Grade B: Good ☐ Grade C: Fair ☐ Grade D: No scientific significance
Language quality	☐ Grade A: Priority publishing ☒ 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 ☐ Major revision ☐ Rejection
Re-review	☒ Yes ☐ No
Peer-reviewer statements	Peer-Review: ☒ Anonymous ☐ Onymous
	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This study evaluated several endoscopic procedures for the resection of large appendiceal polyps, including EMR, ESD, and hybrid EMR/ESD procedures. The authors found these endoscopic techniques were efficacious and safe methods for removal of large appendiceal polyps. This is a very interesting study and a well-written manuscript. But I have a few comments or concerns about this study: 1.The authors defined appendiceal large polyps as those greater than 1cm in size. Why did you not use 1.5cm or 2cm as the definition instead? 2.In the outcomes section, the authors reported “The overall en bloc resection rate was 84%; 100% for the EMR and ESD groups, and 63% for the hybrid EMR/ESD group. The overall R0 resection rate for en bloc resected polyps was 88%. R0 resection rate for the EMR group, ESD group, and hybrid EMR/ESD group was 80%, 100% and 80%, respectively. The curative resection rate was 89%, 80% for the EMR group, 100% for the ESD group, and 88% for the hybrid EMR/ESD group” . There

is a question regarding why the curative resection rate was higher than the R0 resection rate, and how the authors defined curative resection. It is suggested that authors provide a more well-defined and precise explanation of curative resection.. 3.To ensure better clarity and understanding, it is advisable for the authors to provide a more detailed description of their decision-making process for selecting either EMR, ESD, or hybrid ESD techniques for resection of large appendiceal polyps. 4.This article had inclusion criteria but no exclusion criteria. I think there should be some exclusion criteria. 5.The authors did not define procedure time, postoperative bleeding, perforation, and appendicitis in this article, and I think they should have. 6.In this passage “En bloc resection rate was defined as resection of the entire polyp in one piece. R0 (complete) resection rate was defined as en bloc resection with negative horizontal and vertical margins. Curative resection rate was defined as histological complete resection with no risk of lymph node metastasis by histological examination of the resected specimen according to the Japanese Society for Cancer of the Colon and Rectum guideline criteria.7”, the word "rate" can be removed. 7.A few mistakes remain in the text, such as “Adverse event such a bleeding and perforation after appendiceal polypectomy has been.....” in discussion section.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 83952

Title: Expanding Endoscopic Boundaries: Endoscopic Resection of Large Appendiceal Orifice Polyps with Endoscopic Mucosal Resection and Endoscopic Submucosal Dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03479334

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2023-02-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-18 03:23

Reviewer performed review: 2023-03-29 02:11

Review time: 10 Days and 22 Hours

Scientific quality	☐ Grade A: Excellent ☐ Grade B: Very good ☐ Grade C: Good ☒ Grade D: Fair ☐ Grade E: Do not publish
Language quality	☐ Grade A: Priority publishing ☒ 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 ☒ Major revision ☐ Rejection

Re-review	☐ Yes ☒ No
Peer-reviewer	Peer-Review: ☒ Anonymous ☐ Onymous
statements	Conflicts-of-Interest: ☐ Yes ☒ No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective study with EMR and ESD of large appendiceal orifice polyps. 1) Regarding treatment options for appendiceal orifice polyps. Please indicate whether endoscopic resection or surgical resection should be chosen, and what are the criteria for treatment selection. 2) You mentioned that 68% of the cases occupied more than 50% of the appendiceal orifice. Were there any cases that covered the entire appendiceal orifice, i.e., 100% of the cases? Please describe the occupancy rate in more detail. 3) Only 2 patients (11%) had already undergone appendectomy before endoscopic resection. In most cases, clipping was performed after endoscopic resection, but the risk of appendicitis seems to increase when the wound is sutured with a clip. One patient had appendicitis and underwent appendectomy. Shouldn't clipping be done to prevent appendicitis? 4) There are other reports of ESD for appendiceal polyps. Please cite the following paper. Feasibility of endoscopic submucosal dissection for cecal tumors involving the ileocecal valve or appendiceal orifice. Hotta K, et al. J Gastroenterol Hepatol. 2022;37:1517-1524.