



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 83992

Title: Multicenter evaluation of recurrence in endoscopic submucosal dissection and endoscopic mucosal resection in the colon: a Western perspective

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 01799429

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Chief Doctor

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: United States

Manuscript submission date: 2023-02-20

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-02-27 00:45

Reviewer performed review: 2023-02-28 07:50

Review time: 1 Day and 7 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 Grade E: Do not publish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 type="checkbox"/> Grade B: Good <input checked="" 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



Scientific significance of the conclusion in 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 scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	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

The authors evaluated recurrence rate in ESD, knife-assisted ER, and EMR. it contains sufficient interest and originality to merit publication; however, this retrospective study had some limitations, and the results were not well discussed. I have some comments and questions; 1. This study was described as “multicenter” evaluation, but only two endoscopists provide their data. 2. Could the authors clarify the indication of each endoscopic resection? How did they use different treatments for each lesion? 3. As the authors mentioned, the follow-up rate was less than 70%. It could have a large impact on the primary outcome. 4. As conclusion, the authors described “ESD should be strongly considered...”, but knife-assisted ER showed better primary outcome than ESD. Theoretically, the author should recommend knife-assisted ER or put ESD and knife-assisted ER into one group. 5. The authors focused on the current states of ESD in the United States, however, I think it was not important for the readers in other countries. Please expand on the other aspect, such as ESD in the Western countries, comparison between EMR and ESD, and review of important papers.



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Peer-review model: Single blind

Reviewer’s code: 03666697

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer’s Country/Territory: Taiwan

Author’s Country/Territory: United States

Manuscript submission date: 2023-02-20

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-20 14:58

Reviewer performed review: 2023-04-01 05:23

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty 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 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



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Language quality	<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
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

In this retrospective study, the authors evaluated the recurrence of colonic polyps after endoscopic submucosal dissection and endoscopic mucosal resection from a western perspective. However, they added a third group (knife-assisted endoscopic resection) to their analysis. I have a few comments to the authors: 1. Colonic polyps should be clearly demonstrated in the Title, Core tip, and Background of the Abstract. 2. How is polyp size measured? Especially for polyps that have not been removed en bloc. The morphology of the polyps (Paris classification) should be listed in Results and Table 2. 3.

Is "knife-assisted endoscopic resection" planned before the operation, or is it performed only when difficulties are encountered during ESD? 4. Results of the abstract, and Polyp resection, follow-up section "recurrence rate was lowest in knife-assisted endoscopic resection (0.0%) and ESD (1.3%) and highest in EMR (12.9%) [p=0.0017]" --The authors should clearly state which is the lowest. Or they have to use "lower" instead of "lowest". 5. Conclusion of the Abstract: "Performance of ESD, en bloc resection, and use of circumferential incision were associated with significantly decreased recurrence following resection." --What this sentence means? Performance of



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ESD and use of circumferential incision to achieve en bloc resection ? 6. In Table 2 The EMR group had the highest rate of R0 resection (87.1%), but also the highest rate of polyp recurrence. How to interpret this result? 7. In table 3 The rate of R0 resection was relatively low (27.2% overall vs. 29.3% in the non-recurrence group), but the overall recurrence rate was low (8.4%). How to interpret this result? 8. In Table 4 What is “25 unique patients” What is “SBO” 9. In Table 6 (1) The authors included only treatment type and polyp size in the multivariate analysis. This is subjective rather than objective, as the authors state that “we did not include en bloc resection, R0 resection, and presence of circumferential incision as these are factors closely tied with performance of ESD”. Therefore, the results according to the analysis cannot be accepted. In fact, it may be more critical to analyze which of en bloc resection, R0 resection and circumferential incision is the predictor of polyp recurrence. (2) Knife-assisted endoscopic resection was not included in the treatment type analysis, why? Is this because knife-assisted endoscopic resection has the lowest recurrence rate (0%), superior to ESD? 10. For a more reasonable interpretation of the findings, I suggest that the authors remove the portion of knife-assisted endoscopic resection.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer’s Country/Territory: Taiwan

Author’s Country/Territory: United States

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Review time: 1 Hour

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
Language quality	<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
Conclusion	<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
Peer-reviewer	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

The manuscript has been greatly improved. I have no other comments.