

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 16782

Title: Surveillance of duodenal adenomas in patients with familial adenomatous polyposis (FAP)

Reviewer's code: 00075338

Reviewer's country: Portugal

Science editor: Ya-Juan Ma

Date sent for review: 2015-01-29 09:38

Date reviewed: 2015-03-29 04:20

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" 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"/> 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 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

Dear authors: I reviewed, with great interest, your review article entitled "Surveillance of duodenal adenomas in patients with familial adenomatous polyposis (FAP)". It is very interesting. However I have some doubts/suggestions and I think the English should be reviewed/edited: - Figures 1 and 3 are very similar... But the classification, at least for the advanced lesion, is not the same (large papilla lesion which biopsy revealed a well-moderated carcinoma in figure 1; large tubulo-villous polyp with severe dysplasia in figure 3). The images from figure 3 are blurred and without the capture date and that could be "suspicious" for more critic reader. It is important to clarify this because if the images are from the same lesion you must use the same description or, in alternative, use images from another lesion. - Some examples of phrases that could be reformulated: - "High detection rates of duodenal and periampullary adenomas of 70% and above may be exceptionally achieved when using side-viewing endoscopes and random biopsies" appears a little awkward. I don't know if it possible to simplify it but this is only my personal opinion. For example "Detection rates of 70% and above for duodenal and periampullary adenomas may be exceptionally achieved when using side-viewing

endoscopes and random biopsies". - "Biopsies in the periampullary region and duodenal papilla revealed a high incidence of microadenomas not founded in the normal duodenal mucosa" - Biopsies in the periampullary region and duodenal papilla revealed a high incidence of microadenomas not detected in the normal duodenal mucosa - "As periampullary carcinomas represent an important cause of death in this population [9], biopsies at this region may be taken regardless an apparent normal mucosa, cause around 7.6% of patients with normal endoscopy may exhibit adenomatous tissue on random biopsies" - "As periampullary carcinomas represent an important cause of death in this population [9], biopsies at this region may be taken regardless an apparent normal mucosa, because around 7.6% of patients with normal endoscopy may exhibit adenomatous tissue on random biopsies" - "Stage IV patients are those who may have greater advantage from surveillance, as the risk of duodenal risk ranges from 7-36%, besides the lower overall risk of 5%" - "Stage IV patients are those who may have greater advantage from surveillance, as the risk of duodenal carcinoma ranges from 7-36%, besides the lower overall risk of 5%" - "Published recommendations vary a little bit. But in general, early stages patients are advised to perform endoscopy each 4-5 years (stages 0-I) or 3-5 years (stage II)" - "Published recommendations differ a little but, in general, early stage patients are advised to perform endoscopy each 4-5 years (stages 0-I) or 3-5 years (stage II)" - "In this context, chemoprevention would be ideal tool to control premalignant lesions" - "In this context, chemoprevention would be the ideal strategy to control premalignant lesions" - "This classification is widely accepted as the best option to stratify the risk o duodenal cancer" - "This classification is widely accepted as the best option to stratify the risk of duodenal cancer" - For me the phrase "And the evaluation of the natural course of the disease reveals that incidence and severity of duodenal adenomatosis increases with age, thus justifying and upper endoscopic surveillance." is out of context. Try to correct it, please. Once more, congratulations for your work. I hope my suggestions can be useful for you. With kind regards.

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Name of journal: World Journal of Gastrointestinal Endoscopy

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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 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
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The content of the paper is good. English should be checked by an expert.