

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 14589

Title: Serrated polyps of the colon and rectum: Endoscopic features including image enhanced endoscopy

Reviewer's code: 00004678

Reviewer's country: Germany

Science editor: Fang-Fang Ji

Date sent for review: 2014-10-14 10:53

Date reviewed: 2014-11-16 22:59

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

COMMENTS TO AUTHORS

Excellent review on serrated colorectal lesions. I have only two suggestions: Hyperplastic and metaplastic polyps are synonyms. Please consider to delete the "and" in the first line of the introduction between HP and metaplastic polyp but put "metaplastic polyp" in brackets, instead. Sccondly, I would like to suggest that the authors may not only use WHO based terminology on sessile serrated lesions: namely SSA and SSP but also SSL [sessile serrated lesion] (European guideline for colorectal carcinoma screening 2011; Quirke et al. Virchows Arch 2011) since SSA are no adenomas since they miss classical dysplasia and they are for the most non polypoid and thus cannot be called polyps in general.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 14589

Title: Serrated polyps of the colon and rectum: Endoscopic features including image enhanced endoscopy

Reviewer's code: 02579196

Reviewer's country: Australia

Science editor: Fang-Fang Ji

Date sent for review: 2014-10-14 10:53

Date reviewed: 2014-11-26 08:21

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"/> 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This a well-illustrated review manuscript on serrated polyps of the colorectum describing image enhanced endoscopy features with some histological correlation. The authors need to address the following comments: - General comment on terminology: use 'Serrated polyps' when all types of serrated polyps (HP, SSA/P and TSA) are considered, not 'Sessile serrated lesions' as some of these polyps are not sessile (most TSA are protuberant). Change the title and throughout the whole text of the manuscript accordingly. Using 'non-neoplastic' for HP and 'neoplastic' for other serrated polyps may not be appropriate. Most HP have mutation in BRAF or KRAS and some of them may be the precursor of SSA so they may represent neoplastic lesions. - The multiple use of 'I' or 'my group' is inappropriate in a multi-author manuscript - Page 3: o Don't use the old 'metaplastic polyp' term unless you make it clear that it was the old equivalent of HP o Reference for HP being 36% of all polyps? The authors may want to include recent studies such as Bettington et al AJSP 2014 to support their data o Replace 'gland cavities' by 'crypts' whenever describing histological features of serrated polyps throughout the manuscript - Page 4: o MVHP are not often found in the proximal colon; most

of them are located in the distal colorectum o Give size for 'small', usually <10mm o Don't use 'tumors' when describing polyps o The subchapter on TSA should come after the subchapter on SSA/P o The histological description of TSA is incorrect; please have a pathologist review this - Page 5: o Saying that 'SSA/P have never been defined as a single entity' is wrong and misleading; it is now very well recognised as a single entity under this terminology - Page 6: o See previous comment on not using 'neoplastic' versus 'non-neoplastic' o Subchapter on TSA should come after subchapter on SSA/P like in the previous section - Page 8: the last section on 'indications for endoscopic treatment' needs some major revision and update. What the authors describe here is the guidelines for patient management. Saying that 'there are no established rules for handling SSA/Ps' is wrong. AGA guidelines have been recently published and it needs to be described and referenced here. The subsections on molecular pathway and Ki-67 are inappropriate in this chapter. It would be better to have the current guidelines in a table. - Page 9: '90% of SSA/P lesions are associated with cytological dysplasia' is totally wrong, only a very small minority. - References: please include more recent references in general. Refs 14 and 53 seem to be the same one. - Figures: please have a pathologist review the description of all histological illustrations and the manuscript in general (no description in figure 1). Figure 4-I does not show what the legend says as it is not a high power view. - Table 1. Filiform serrated adenoma is not a separate type of serrated polyp (only a subtype of TSA).

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

ESPS manuscript NO: 14589

Title: Serrated polyps of the colon and rectum: Endoscopic features including image enhanced endoscopy

Reviewer's code: 02941498

Reviewer's country: Hungary

Science editor: Fang-Fang Ji

Date sent for review: 2014-10-14 10:53

Date reviewed: 2014-11-29 06:02

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

Although the title states "Sessile serrated lesions...", but features of other serrated lesions (TSA, HP) are also mentioned in the manuscript, so I suggest to change the title to "Endoscopic features... of colorectal serrated lesions". Although the paper is written by three authors, in the text "I" is generally used, this should be changed to "We". The term "metaplastic polyps" is a synonym of "hyperplastic polyps". Eosinophilic cytoplasm as a common hallmark of TSA should be added. Although SSA/P predominantly locates to the right side of the colon, they can also occur in the distal colon, especially if cytological dysplasia is also present. (Bouwens MWE et al. Endoscopy 2014 and Hazewinkel Y et al. Endoscopy 2014) The authors mention a second type of SSA/P that invades into the SM layer, however it is mentioned as a "pseudo-invasion" by expert pathologists (Aust DE et al. Virchows Arch 2010). It should be noted that MVHPs are thought to be precursors of SSA, and GCHPs to TSA (although this latter is supported by less evidence), but eventually they form two distinct pathways, with increasing number of methylated genes. (Patai AV et al. World J Gastroenterol 2013). Although MSI(-H) is frequently associated with the sessile serrated pathway

(good prognosis), sometimes CIMP-H can also be associated with MSS, with a poor prognosis (Patai AV et al. World J Gastroenterol 2013). On page 8, in section "Indications for endoscopic treatment" the paragraph on Ki-67 seems to be a little out of place, although the information presented is correct, it should be placed somewhere else. On page 8, ref 57 is the same as ref 10, and ref 14 is the same as ref 53. Ref 6 (Rex DK et al. AJG 2012) should be mentioned instead of ref 57 on page 8. SSA/P with dysplasia is a minority related to SSA/P without dysplasia, not the other way around. Although the authors mention US guidelines on the management of serrated polyps, for the sake of completeness the European guideline (Hassan C et al. Endoscopy 2013) should also be mentioned. The findings of the authors are very interesting and useful for clinical practice, but it should be summarized in a Table including sensitivity, specificity, NPV, PPV. In Table 1, filiform serrated adenoma should be listed under TSA (as it is a subtype of TSA). There are few misspellings (eg. on page 4 ...currently user to differentiate..., page 4 ...on the left side of the colon, etc.) and some grammatical mistakes in the text. Please ask a native English speaker to review the manuscript linguistically and to make the text more understandable and correct grammar and misspelling.