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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy
ESPS manuscript NO: 18090
Title: Is endoscopic re-evaluation needed for "difficult" benign colorectal lesions referred to surgical resection?
Reviewer's code: 00069398
Reviewer's country: China
Science editor: Fang-Fang Ji
Date sent for review: 2015-04-08 07:54
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[ ] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

I have one comment and a few questions for the authors: Q1: Out of the 7 invasive lesions, how many of these were located at the rectum and the colon respectively? Q2: 35mm was used as the dividing line between small and large lesions in this study. What is the proportion of small and large lesions then? Q3: In the section of "clinical and endoscopic follow-up", it was mentioned that in patients with pedunculated and semi-pedunculated lesions, surveillance colonoscopy was performed at 12 and 24 months for lesions harbouring low and high-grade dysplasia, respectively. Why were the high-grade dysplastic lesions being followed up later than the low grade dysplastic lesions? Comment: I agree with the authors that the associated cost and complication rate of ESD is higher than conventional EMR. However, it's rather difficult to assess the depth of submucosal invasion after piecemeal removal. All the 7 patients confirmed to have invasive lesions in this study were subjected to surgical resection after endoscopic treatment. Though the surgical risks and functional outcome of most colorectal resections are quite acceptable by patients nowadays, the impact of resection (total mesorectal excision) for lesions located originally at mid or lower rectum is totally

different. Therefore, en bloc endoscopic excision followed by full histological evaluation of the depth of submucosal invasion would be highly beneficial for rectal lesions. Surgical resection may not be necessary in lesions with favourable histology and superficial invasion. ESD can definitely increase the rate of en bloc resection.