

ESPS PEER-REVIEW REPORT

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Title: Evidence based review of the impact of image enhanced endoscopy in the diagnosis of gastric disorders

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

COMMENTS TO AUTHORS

This is a review of the literature on image enhanced endoscopy in the diagnosis of gastric disorders. Major comments: ? This review would benefit greatly from colour images. It is difficult to visualise the different techniques without images. ? A table to compare the different techniques and their indications and strength of evidence would be very helpful. ? Introduction: there is a very long first paragraph about early gastric cancer which is probably too long. The authors should focus on the techniques for detecting early cancer instead. ? Many acronyms are used which makes the manuscript difficult to read for those unfamiliar with these acronyms. The authors should consider limiting the acronyms or attach a glossary of the acronyms. ? Introduction, last paragraph, second last sentence: the authors state that IEE techniques are found to be efficacious in gastric pathologies but are rightly more cautious in their conclusion. The sentence should therefore be rephrased without sounding that the authors have come to a conclusion before reviewing the literature. ? Chromo endoscopy section: some of the dyes are described with magnification (acetic acid) while the others are not. The authors should be consistent and perhaps just state "acetic acid

in stomach". Minor comments: ? Abstract: "extremely good prognosis". This sound like hyperbole and the authors should consider deleting "extremely". ? Paragraph on White Light Endoscopy with Magnification: part of this section seems to be a repetition of paragraph 2 under White Light Endoscopy. ? Characterization of EGC with only ME, last paragraph, last sentence: what are the majority of later studies utilizing ME combined with IEE techniques? The authors should clarify this. ? Acetic acid section: they mention the use of acetic acid in Barretts. This is confusing as the review is of gastric disorders not oesophageal. ? Acetic acid section: the paragraph describing the five categories is probably best placed elsewhere as this may be a generic finding rather than just related to acetic acid? ? Acetic acid plus indigo carmine: are these mixed together or sprayed separately? ? Narrow band imaging section, last paragraph: this sounds like a sales pitch/conclusion for the technique. Perhaps it is an aim that needs to be confirmed by evidence. ? NBI screening of gastric pathologies: the first sentence is repetitive from an earlier section. ? Magnifying NBI for H pylori gastritis: The first two sentences are probably unnecessary as they add little to the flow of the review. ? M-NBI for diagnosis of horizontal extent of EGC, first paragraph: they state that a multibending endoscope in combination with M-NBI was associated with a higher feasibility of resections. Was it due to the multibending scope rather than M-NBI?