

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 33802

Title: Endoscopic diagnosis and treatment of early esophageal squamous neoplasia

Reviewer's code: 00048205

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2017-03-07

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 checked="" 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

Thank you for submitting a novel review about current endoscopic diagnosis and treatment of early esophageal squamous neoplasia. 1. I wonder if there are less perspective about the development of endoscopic diagnosis or treatment of early esophageal squamous neoplasia. Authors listed various treatment strategies with some results of previous studies in this article, but we need more perspective in this review article, I think. For example, I think that the histological assessment of the specimens obtained by endoscopic resection for esophageal squamous neoplasia must be needed to investigate possible lymph node metastases. Then, the ablative therapy should not be used as the first-line treatment strategy for esophageal squamous cancer, I believe. Therefore, authors should discuss more about their perspective based on the results of previous studies. 2. Authors demonstrated that screening can lead to a reduction in the incidence of and mortality from esophageal SCCs (page 2 line 14), but I cannot understand why screening procedure could reduce the incidence of esophageal SCCs. Please answer this question or please demonstrate authors' idea about this question. 3.



BAISHIDENG PUBLISHING GROUP INC

7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

There seemed to be several miss typing points in this review, so please revise them.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

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Title: Endoscopic diagnosis and treatment of early esophageal squamous neoplasia

Reviewer's code: 00503556

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<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
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<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

The authors summarized many landmark studies on endoscopic diagnosis and treatment of early esophageal squamous neoplasia. Although this review article is well-organized, I have several comments as follows: 1) (Page 4, Endoscopic detection) As far as I know, Japanese endoscopists inspect the oro- and hypopharynx mainly when inserting scope with making patients a long sounds or under deep sedation. 2) Endoscopic delineation will be essential to achieve complete resection. Lugol chromoendoscopy seems the most reliable technique to delineate early SCC lesions. Although there has been few studies on the endoscopic diagnosis of tumor delineation (horizontal tumor extent), this review article should have the section of "Horizontal extent" between sections of 'WLI vs. IEE vs. LCE' and 'depth assessment'. I recommend the citation of following previous articles, a guideline or a comparative study: Kuwano H, et al. J Surg Oncol. 1992; Inoue H, et al. Endoscopy 2001; Pimentel-Nunes Pedro et al. Endoscopy 2015 and Dawsey SM, et al. Cancer 1997. 3) (Page 4, Depth assessment) Macroscopic types of 0-I and 0-III were described as "protruded" and "excavated",

respectively, in the Paris classification. The authors should revise them. 4) (Page 5, other diagnostic modality: Depth assessment) Please describe more issues on the cost of CLE and VLE (volumetric laser endomicroscopy). The instruments will be too expensive to use in the practical endoscopy. 5) (Page 8, Post-endoscopic resection stricture) Two studies initially showed that per-oral administration or topical injection of steroid can prevent esophageal stricture after ESD. The studies, Hashimoto S et al. *Gastroint Endosc* 2011 and Hanaoka N, et al. *Endoscopy* 2012, should be cited in this paragraph. 6) "Conclusion" will be too long. Please shorten it as possible.