

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 9304

**Title:** Future of Molecular Markers and Novel Imaging Tools to Identify Patients at Risk for Malignant Progression of Barrett's Esophagus

**Reviewer code:** 01438833

**Science editor:** Huan-Huan Zhai

**Date sent for review:** 2014-02-08 11:35

**Date reviewed:** 2014-02-09 13:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

RE: Manuscript\_20140129183252 Sunday, February 09, 2014 Thank you for giving me a chance to review Manuscript\_20140129183252 "Future of Molecular Markers and Novel Imaging Tools to Identify Patients at Risk for Malignant Progression of Barrett's Esophagus." Corresponding author: Dr. Michael Bennett and Hiroshi Mashimo. They highlighted on several molecular markers to identify high risk patients to be EAC. They also reviewed general improvement of endoscopic imaging techniques to identify early EAC. Basically, such a nice review is interesting and informative for the readers of World Journal of Gastrointestinal Pathophysiology's 5th anniversary special edition. However, there are several revisions are needed before publication shown as follows. 1. Although "biomarker" and "endoscopy" are both very important issue, the author should focus on one of them in such special issues. "Biomaker" could be the best issues, I think. 2. In this review, biomarker analyses on just endoscopic biopsy were described. The most important issue is that how to select patients who should be examined by endoscopy. Therefore, more convenient methods, such as genomic analysis or serum analysis could be reasonable on this theme. 3. Although very few serum markers were reported to be useful to detect early stage of EAC, a couples of publications showed some advantages of serum examination. Please discuss on "serum biomarkers" using following three publications. ? Long-term monitoring of serum p53 antibody after neoadjuvant chemotherapy and surgery for esophageal adenocarcinoma: report of a case. Shimada H, Nagata M, Cho A, Takiguchi N, Kainuma O, Soda H, Ikeda A, Nabeya Y, Yajima S, Yamamoto H, Sugiyama T, Itami M. Surg Today. 2013 Nov 17. [Epub ahead of print] ? Potential diagnostic value of serum p53 antibody for detecting



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esophageal cancer: a meta-analysis. Zhang J, Xv Z, Wu X, Li K. PLoS One. 2012;7(12):e52896. doi: 10.1371/journal.pone.0052896. Epub 2012 Dec 28. ? Anti-p53 antibodies in patients with Barrett's esophagus or esophageal carcinoma can predate cancer diagnosis. Cawley HM, Meltzer SJ, De Benedetti VM, Hollstein MC, Muehlbauer KR, Liang L, Bennett WP, Souza RF, Greenwald BD, Cottrell J, Salabes A, Bartsch H, Trivers GE. Gastroenterology. 1998 Jul;115(1):19-27. Sincerely yours,

**ESPS Peer-review Report****Name of Journal:** World Journal of Gastrointestinal Pathophysiology**ESPS Manuscript NO:** 9304**Title:** Future of Molecular Markers and Novel Imaging Tools to Identify Patients at Risk for Malignant Progression of Barrett's Esophagus**Reviewer code:** 00547926**Science editor:** Huan-Huan Zhai**Date sent for review:** 2014-02-08 11:35**Date reviewed:** 2014-02-14 22:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS****World Journal of Gastrointestinal Pathophysiology Manuscript Review****Reviewer:** Shawn Ritchie**ESPS Manuscript NO:** 9304**Title:** Future of Molecular Markers and Novel Imaging Tools to Identify Patients at Risk for Malignant Progression of Barrett's Esophagus**Authors:** Michael Bennett, M.D., Gabriel Gonzalez, Ph.D., Hiroshi Mashimo, M.D., Ph.D.**Reviewer summary**

The authors review the current state of detection modalities for esophageal adenocarcinoma and Barrett's Esophagus. The review is comprehensive and includes molecular and imaging-based approaches.

**General Comments:**

1. Importance of the research and the significance of the research contents

As stated by the authors, EAC is on the rise, and new approaches to detection are warranted. This review provides a nice overview of the status of markers, imaging technologies, and challenges faced by clinicians in diagnosing the differences between dysplasia and cancer. The review is also current, with many recent references.

2. Presentation and readability of the manuscript.

The manuscript is very well-written. The organization is logical and it is very easy to read. My only

comment is that the authors use passive voice extensively in some sections. The abstract, in particular, contains several passives that, if changed to active voice, would improve clarity. For example (suggestions shown in red and blue):

Advances in endoscopic ablation have raised the hope of effective therapy for eradication of high-risk Barrett's lesions, but improvements ~~are needed~~ in determining when ~~to apply~~ this treatment ~~should be applied~~ and how ~~to follow~~ patients ~~should be followed~~ clinically. ~~Researchers have evaluated~~ Numerous potential molecular biomarkers ~~have been evaluated~~ with the goal of detecting dysplasia, with varying degrees of success. ~~The combination of~~ Biomarker panels ~~have been combined~~ with epidemiologic risk factors to yield ~~clinical risk scoring systems is~~ promising. ~~Combining~~ new approaches to tissue sampling ~~may also be combined~~ with these markers ~~might result in~~ ~~for~~ less invasive screening and surveillance. ~~The development of~~ Novel endoscopic imaging tools ~~have been developed~~ in recent years ~~and have the potential~~ ~~could~~ markedly improve the ~~possibility of detecting~~ ~~detection of~~ small ~~dysplastic~~ foci of dysplasia *in vivo*.

There are a couple of very long sentences that could be split into two. For example:

However, another study using microarray analysis showed a distinct pattern in EAC, with different patterns of up- and down-regulation seen in EAC compared with BE, as well as two miRNAs which were up-regulated in BE tissue adjacent to HGD lesions, again suggestive of field effect of dysplasia that may be clinical useful alongside histologic surveillance.

**Manuscript classification:**

A=excellent, B=very good, C=good, D=fair, E=poor.

I think this manuscript is excellent (A).

**Language Evaluation**

Grade A = priority publishing, Grade B = minor language polishing, Grade C = extensive language polishing, Grade D = rejected.

The language in the paper is A.

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**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 9304

**Title:** Future of Molecular Markers and Novel Imaging Tools to Identify Patients at Risk for Malignant Progression of Barrett's Esophagus

**Reviewer code:** 00504731

**Science editor:** Huan-Huan Zhai

**Date sent for review:** 2014-02-08 11:35

**Date reviewed:** 2014-02-15 06:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Y] Grade A (Excellent)	<input type="checkbox"/> Y] 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"/> ] Existed	<input type="checkbox"/> ] High priority for publication
<input type="checkbox"/> ] Grade C (Good)	<input type="checkbox"/> ] Grade C: a great deal of	<input type="checkbox"/> ] No records	<input type="checkbox"/> ] Rejection
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<input type="checkbox"/> ] Grade E (Poor)	<input type="checkbox"/> ] Grade D: rejected	<input type="checkbox"/> ] Existed	<input type="checkbox"/> Y] Minor revision
		<input type="checkbox"/> ] No records	<input type="checkbox"/> ] Major revision

**COMMENTS TO AUTHORS**

It is a good review of current understanding of Barrett's Esophagus (BE) biology, surveillance practice/ challenges in the clinic, advances in therapy and new endoscopic and none endoscopic diagnostic technics of BE to EAC (adenocarcinoma) progression. Although, molecular markers section cover large spectrum of published work it could be further improved by citing, discussing and commenting on most recent publications. For example, significance of additional RTK biomarkers which are under radar in EAC (EGFR, HER2, MET ...) need to be discussed in contest of BE to EAC progression. It will also be helpful to include some figure or table to summarize the major biomarkers described in the manuscript

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**Name of Journal:** World Journal of Gastrointestinal Pathophysiology

**ESPS Manuscript NO:** 9304

**Title:** Future of Molecular Markers and Novel Imaging Tools to Identify Patients at Risk for Malignant Progression of Barrett's Esophagus

**Reviewer code:** 00504149

**Science editor:** Huan-Huan Zhai

**Date sent for review:** 2014-02-08 11:35

**Date reviewed:** 2014-02-24 18:45

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
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**COMMENTS TO AUTHORS**

no comments