



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 66772

**Title:** Uptake and outcomes of small intestinal and urinary tract cancer surveillance in Lynch syndrome

**Reviewer's code:** 04737354

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** New Zealand

**Author's Country/Territory:** United States

**Manuscript submission date:** 2021-04-13

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-06-19 13:50

**Reviewer performed review:** 2021-06-19 14:54

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



## SPECIFIC COMMENTS TO AUTHORS

Introduction - well written Methods - well written Results: Para 1 -  
Median age - specify units (i presume years) and ideally IQR or range in paranthesis  
I understand, there were three physicians who discussed risks / benefits of extracolonic  
cancer surveillance. Was there any association between physician and people choosing  
to undergo surveillance? How do you explain MSH2 patients choosing to  
undergo SIC surveillance and not UTC surveillance, an effect not seen with MLH1  
patients ? This needs to be under-stated, and might just be a type 1 error. You have  
carried out multiple univariate analysis (18 each) in Table 3 and Table 4, and it is only  
natural to have type 1 error with such large number of analyses without adjustment for  
p value. Last Para in Results - the last statement - 'race or ethnicity was  
not associated with choosing or completing surveillance' contradicts the previous  
paragraph where people of Jewish ancestry were found to be more likely to complete  
UTC surveillance. Discussion - The statement 'Individuals with  
Lynch syndrome prefer transparent and personalized discussions pertaining to their  
management that include information regarding extra-colonic cancer surveillance' - I am  
not sure how helpful is this. While such a statement does not need a reference cited,  
more importantly, one would argue that Every patient prefers transparent and  
personalized discussion pertaining to their health needs. What were the  
findings in those 5 VCE cases which were deemed as false-positives? Were findings in all  
5 cases suspicious for adenocarcinoma ? Positive predictive value /  
sensitivity & specificity of the test has been discussed in the manuscript. It would be  
useful to have PPV / Sensitivity / specificity etc with 95%CI for your cohort in Results  
section to support this.