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14 January 2021

Andrzej S. Tarnawski, DSc, MD, PhD
Editor-in-Chief
World Journal of Gastroenterology

Lian-Sheng Ma, Editorial Office Director
Company Editor-in-Chief, Editorial Office
Baishideng Publishing Group Inc

Dear Dr. Tarnawski and Director Ma,

Re: World Journal of Gastroenterology Manuscript NO: 75052

On behalf of the authors, please find below responses to all reviewer comments. We believe that all concerns have been addressed.

Reviewer #1:
Specific Comments to Authors:

The minireview is about “non-invasive” tools of BE surveillance, so it is better to include this term in the title of the article. In page 7, you mentioned that “More recently, the same group conducted a multi-center case-cohort study of 268 subjects who swallowed the capsule (112 cases and 89 controls met the inclusion criteria) using the two previously mentioned MDMs and included 3 additional markers (NDRG4, FER1L4, and ZNF568) [40]”, the sum of 112 and 89 is 201 and not 268. In page 7, you mentioned that “After sampling the area described above, the balloon is deflated which withdraws into to the capsule, thereby protecting the sample from bio-contamination from the mid or proximal esophagus as well as oropharynx”. The underlined bold phrase is not well understood, better to be reformulated. In page 9, first paragraph, “various disease” should be “various diseases”. In page 11, first paragraph, “with higher frame rates. wider angle view” The point should be replaced by a comma. I wonder if the authors could put a simple algorithm of the last updated surveillance for screening of BE.

We appreciate Reviewer 1’s comments and have made all the recommended changes in the revised manuscript.

Reviewer #2:
Specific Comments to Authors:

Thanks for inviting me to review the article titled Expanding beyond Endoscopy: A review of other modalities in Barrett's Esophagus screening and surveillance. In the manuscript, the author has summarized the non-endoscopic modalities available for the screening and surveillance of Barrett’s esophagus, which shows promise using some of the noninvasive modalities for mass screening in BE. Though the review is comprehensive, some related reviews have already been published recently, which share almost the same context as yours. What is the difference and highlight of your review that set yours apart from others? I think it's not creative and significant enough to be published. I suggest rejection.

We appreciate Reviewer 1’s comments but strongly disagree. This manuscript also discusses the potential non-invasive tools for surveillance which has not occurred to date in any significant fashion thus making the manuscript novel.

Reviewer #3:

Specific Comments to Authors:

This is a well written review on a relevant topic. I would suggest just some minor revisions: - considering most of the readers may have no advanced experiences with some of those tools, I would add some pillcam images (a part from the devices per se)... in particular almost-histology imaging of the OCT pillcam could be interesting. - considering screening have also (if not only) cost issues, are there any cost effective simulation using this devices? Or at least knowing the cost of endoscopy based approach please try to speculate on how these tools may reduce costs. - considering trans nasal endoscopy, I do not get the point of including it in the review. Which is the difference in term of costs or possible adverse events? Further it is not true the lack of possibility to perform biopsies. With most of the newest generation of scope image quality and channel diameter (ie 2.4 mm for fuji ELUXEO series) permit both advanced imaging and biopsy sampling (in case also with jumbo forceps).

We appreciate Reviewer 3's comments and have made the recommended changes regarding figures and cost (page 5, paragraph 1) in the revised manuscript. We understand the reviewer's concern regarding discussing transnasal endoscopy but believe it deserves mention as it is a less invasive method than standard endoscopy. Regarding biopsy capabilities during transnasal endoscopy, the reviewer is correct regarding the ability to perform biopsy exists. Therefore we have removed that from the last sentence of the 2nd paragraph on page 4.

LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

The senior author of this manuscript was born and raised in the United States of America therefore this does not apply.

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript focuses on Barrett's esophageal screening and monitoring. The manuscript is very comprehensive, but there are no special new points. The format of the table should be a three-line table. Figure legend is very simple and does not need to be framed by a table. It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly.

We appreciate the Science editor's comments and have made the recommended changes to the reference list.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please be sure to use Reference Citation Analysis (RCA) when revising the manuscript. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. For details on the RCA, please visit the following web site: <https://www.referencecitationanalysis.com/>. I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without

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We appreciate the Company editor-in-chief's comments and have made the recommended changes to the table and placed the figures into a PowerPoint file as requested. All figures were obtained from the public domain and do not require permission from the copyright holder.

Respectfully,



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