



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35597

Title: The rate of adverse events of gastroduodenal polypectomy is low: A prospective and multicenter study

Reviewer's code: 00504545

Reviewer's country: Spain

Science editor: Ze-Mao Gong

Date sent for review: 2017-09-03

Date reviewed: 2017-09-04

Review time: 23 Hours

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This paper includes the results of a multicenter prospective study of the gastric polypectomy risks found in a large series of patients. The study is very well designed and performed. There are few bleeding complications after the polypectomy and the patient's evolution was good. There are few studies about this subject.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35597

Title: The rate of adverse events of gastroduodenal polypectomy is low: A prospective and multicenter study

Reviewer’s code: 00503623

Reviewer’s country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2017-09-03

Date reviewed: 2017-09-05

Review time: 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This manuscript reports the results of studies on the rate of adverse events associated with gastric and duodenal endoscopic polypectomies using hot snare procedure. Based on the data obtained with 308 patients, the rate of adverse events (mainly bleeding) appears very small. Hence, the procedure appears to be safe and effective. This paper is written, and the results are presented and discussed within the available literature on the subject.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35597

Title: The rate of adverse events of gastroduodenal polypectomy is low: A prospective and multicenter study

Reviewer's code: 03252388

Reviewer's country: United States

Science editor: Ze-Mao Gong

Date sent for review: 2017-09-03

Date reviewed: 2017-09-07

Review time: 3 Days

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 type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The study by Cordova et al evaluates the rate of adverse events in patients who underwent gastroduodenal polypectomy. Overall, it is a well written study, and the authors have to be commended about the completeness of data. However for such study that is described as "cohort" study, rather than retrospective, we should highlight several missing elements in the methods. 1-section 2.1: "Inclusion criteria were: 1) protruded gastric or duodenal polyps ≥ 5 mm and 2) polypectomy performed using an electrocautery snare". So when were the patients enrolled in the study? Before or after polypectomy? Were the patients consented for this prospective study? (They were consented for the procedure, but what about consent to be involved in the study?). It is unclear to me how patients were recruited. 2-in prospective studies, there should be a description of how many patients were evaluated and how many agreed to participate,



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

how many met the exclusion criteria, and how many ended up being recruited. When were the patients told that they are part of a prospective study and that they will be contacted for follow up? Or were the patients not informed that they are part of a prospective assessment? When was IRB obtained? Before January 2012? Please submit a copy of the IRB (not just the statement)..I am afraid that the description of the study is actually describing prospective collection of data, and then the study idea was completed and IRB submitted after collection of data, this makes it a retrospective study, not prospective. 3.-The exclusion criteria: these are contraindications of polypectomy in general, but were there any patients who underwent polypectomy who were not included in the study? or not followed? this should be clear in a flow chart diagram.. 4-did any trainees participate in the polypectomies across these 15 hospitals? in table 5 there are 40 trainees? This should be mentioned in table 2. 5-gastroduodenal polypectomy in the title and in the aims section should specify that this study addresses polypectomy of protruded lesions (sessile or pedunculated) and not flat. therefore in title should be " the adverse event of polypectomy of protruded gastroduodenal lesions is low " or something similar. 6-section 2.6. Sample size calculation is unclear. Why did you need specifically 30 AE? 7-table 1 : anticoagulation: were these patients on anticoagulation that was stopped before the procedure? What about after the procedure? 8-table 1 : an patients on antiplatelet therapy that was resumed after the procedure? (methods -exclusion criteria --asa or Plavix before the procedure, but were any patients enrolled who resumed these medications after polypectomy? when did they resume it?) 9- in the prophylactic measures, APC is mentioned, how is APC used to prevent bleeding? please describe the technique. 10-the association of factors with bleeding is poorly described. For example in the statistical section the authors mention "a multivariate logistic regression analysis was carried out to assess the existence of predictive factors of AEs and the odds ratio (OR) was calculated to indicate the associated risk." where are these Odds ratios in the study? what were the model selection criteria and what variables are in the final model? table 5 only includes univariate analysis, and since the AE are low, it is hard to have a meaningful analysis to associate risk factors with bleeding. 11- around 70% of patients received prophylaxis, while only 15% of polyps were ≥ 20 mm which was the criteria for prophylaxis. Does that mean that the rest of the polypectomies received prophylaxis because of oozing or visible vessel? Please elaborate on why so many patients received prophylaxis for bleeding. In clinical practice most patients with polyps < 20 mm do not need any prophylaxis.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 35597

Title: The rate of adverse events of gastroduodenal polypectomy is low: A prospective and multicenter study

Reviewer's code: 02523689

Reviewer's country: Egypt

Science editor: Ze-Mao Gong

Date sent for review: 2017-09-03

Date reviewed: 2017-09-14

Review time: 10 Days

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 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
<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 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

In this study the authors studied the safety of snare polypectomy for non-flat polyps from the foregut, by application of ASGE lexicon definition for AEs, in many Spanish centers and they found low rate of complication and they showed different variable that might affect the rate of AEs in these patients. I have only some minor comments: 1- The authors excluded flat polyps that need different technical procedures and would increase the AEs rate and so it may be valuable to change the article title to " THE RATE OF ADVERSE EVENTS OF GASTRODUODENAL SNARE POLYPECTOMY FOR NON-FLAT POLYPS IS LOW: A PROSPECTIVE AND MULTICENTER STUDY" Would the authors agree? 2- Some minor typing errors e.g. "H. pylori" in the introduction to be italic " H. pylori" 3- What sedations used among the patients? It was the same in all centers (standardized)? 4- AEs were assessed in this study and recorded by a physician.



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

It is not clear whether he is one of the authors or an independent physician? Is he a gastroenterologist aware about the definition of AEs reported in the study? If no this may affect the incidence of AEs reported in the study? 5-In this study most of the patients endoscoped were cold cases (only 33 patients endoscoped for upper GI hemorrhage) and there were 20 patients with cirrhosis, 36 on anti-coagulant therapy. Would the authors found it of value to check and correct coagulopathy among cirrhotics and stop anticoagulants (whenever possible) in advance as a prophylactic measure for bleeding among patients exposed to snare polypectomy?