# PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology  
**Manuscript NO:** 75052  
**Title:** Expanding beyond endoscopy: A review of non-invasive modalities in Barrett’s esophagus screening and surveillance  
**Provenance and peer review:** Invited Manuscript; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 04071697  
**Position:** Editorial Board  
**Academic degree:** MD  
**Professional title:** Academic Research  
**Reviewer’s Country/Territory:** Italy  
**Author’s Country/Territory:** United States  
**Manuscript submission date:** 2022-01-14  
**Reviewer chosen by:** AI Technique  
**Reviewer accepted review:** 2022-02-11 07:56  
**Reviewer performed review:** 2022-02-19 09:50  
**Review time:** 8 Days and 1 Hour  

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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 readears may have no advanced experiences with some.of those tools, i wold 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 mkst 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).
Name of journal: World Journal of Gastroenterology

Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett’s esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05400480

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: Jia-Qi Zhu

Reviewer accepted review: 2022-03-08 13:42

Reviewer performed review: 2022-03-09 14:24

Review time: 1 Day

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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.
PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett’s esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 06109343

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: Egypt

Author’s Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: Jia-Qi Zhu

Reviewer accepted review: 2022-03-09 22:28

Reviewer performed review: 2022-03-16 19:15

Review time: 6 Days and 20 Hours

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SPECIFIC COMMENTS TO AUTHORS
Comments • 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 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.
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript NO: 75052

Title: Expanding beyond endoscopy: A review of non-invasive modalities in Barrett’s esophagus screening and surveillance

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05400480

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Chief Physician, Associate Professor

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: Kai-Le Chang

Reviewer accepted review: 2022-05-26 15:53

Reviewer performed review: 2022-05-27 15:16

Review time: 23 Hours

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SPECIFIC COMMENTS TO AUTHORS
Thanks for inviting me to re-review the article. This manuscript summarizes the non-endoscopic modalities available for the screening and surveillance of Barrett’s esophagus (BE). As for the latter part, the potential for the non-endoscopic modalities for surveillance has been discussed, but because of no relevant studies, the surveillance part is short and thus further research is warranted, which is understandable but not novel. New and potential methods, such as advanced imaging techniques, could be supplemented on the screening and surveillance of BE. Recommended changes have been made and the manuscript is better illustrated. I would suggest a minor revision for its novelty.