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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 19485
Title: Approach to the endoscopic resection of duodenal lesions
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Reviewer's country: Italy
Science editor: Jin-Xin Kong
Date sent for review: 2015-05-12 16:02
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[Y] No	[Y] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a review reporting commonly encountered duodenal lesions and the approach to the endoscopic resection of these lesions I have the following comments on this paper: 1. Distinction between the terms polyps and lesions is unclear. I believe that Au used the term "lesions" for sub-epithelial neoplasms that generally appear as polypoid lesions, however. Probably the term duodenal neoplasms could be preferred. 2. I believe that a Table summarizing Types of duodenal lesions should be useful. 3. Figures are nice. Histology of different lesions is mandatory. 4. Treatment options should be better related to non-ampullary and ampullary neoplasms. 5. Role of EUS could be better reported previous of endoscopic resection techniques. 6. A table summarizing outcomes of the literature of the different techniques should be included. 7. Please add the following references: 1. Bal A, Joshi K, Vaiphei K, Wig JD.,Primary duodenal neoplasms: a retrospective clinico-pathological analysis. World J Gastroenterol. 2007 Feb 21;13(7):1108-11. 2. Marques J, Baldaque-Silva F, Pereira P, Arnelo U, Yahagi N, Macedo G. Endoscopic mucosal resection and endoscopic submucosal dissection in the treatment of sporadic nonampullary duodenal adenomatous polyps. World J Gastrointest Endosc. 2015 Jun 25;7(7):720-7. doi:

10.4253/wjge.v7.i7.720. Review. PubMed PMID: 26140099; PubMed Central PMCID: PMC4482831. 3. De Palma GD. Endoscopic papillectomy: indications, techniques, and results. World J Gastroenterol. 2014 Feb 14;20(6):1537-43. doi: 10.3748/wjg.v20.i6.1537. Review. PubMed PMID: 24587629; PubMed Central PMCID: PMC3925862. 4. De Palma GD, Masone S, Siciliano S, Maione F, Falleti J, Mansueto G, De Rosa G, Persico G. Endocrine carcinoma of the major papilla: report of two cases and review of the literature. Surg Oncol. 2010 Dec;19(4):235-42. doi: 10.1016/j.suronc.2009.06.003. Epub 2009 Jul 7. Review. PubMed PMID: 19586767. 5. De Palma GD, Luglio G, Maione F, Esposito D, Siciliano S, Gennarelli N, Cassese G, Persico M, Forestieri P. Endoscopic snare papillectomy: a single institutional experience of a standardized technique. A retrospective cohort study. Int J Surg. 2015 Jan;13:180-3. doi: 10.1016/j.ijsu.2014.11.045. Epub 2014 Dec 10. PubMed PMID: 25498490.

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ESPS PEER-REVIEW REPORT

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[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[Y] Minor revision
[ ] Grade E: Poor		[Y] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

My comments are as follows: In this review paper, Gaspar JP and Wang AY provide updated features regarding the types of duodenal lesions, endoscopic assessment and the role of endoscopic ultrasound in duodenal lesion resection that may help physicians or endoscopists to appropriately manage these duodenal lesions. 1. This is a well-written paper and there seems to be no serious criticism regarding methodology but the authors need to make a caution in some suggestions. There are limited data for high-definition narrow-band imaging or chromoendoscopy to evaluate the mucosal pit of duodenum to differentiate neoplastic lesions. As the authors mentioned the data for NBI is not as robust for duodenal neoplasia and the "Kudo" pit pattern has not been well described in duodenum. This should be mentioned in the discussion. 2. In the conclusion session, the author mentioned "Early adenocarcinomas that invade only the superficial duodenal submucosa could potentially be treated by endoscopic resection, as in other parts of the luminal GI tract, in the proper clinical context." How deep of the submucosal extension is allowed? Could you provide sufficient reference to support this point of view? 3. There is a comprehensive review of the endoscopic assessment for duodenal lesions. It is helpful from novice level to competence level of therapeutic

endoscopy. In my opinion, I suggest to move the "Role of endoscopic ultrasound in duodenal lesion resection" before the "Endoscopic assessment" 4. In "Brunner's gland "adenomas" or hamartomas" session, please clarify what kind of "Endoscopic removal is considered". 5. In "Solitary Peutz-Jeghers polyp"session. In many instances Peutz-Jeghers polyp do not present in isolation. Is a more extensive workup need to exclude Peutz-Jeghers syndrome?