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

**Manuscript NO:** 71241

**Title:** Evolving roles of magnifying endoscopy and endoscopic resection for neoplasia in inflammatory bowel diseases

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 05088096

**Position:** Editorial Board

**Academic degree:** FAASLD, MD

**Professional title:** Professor

**Reviewer’s Country/Territory:** Egypt

**Author’s Country/Territory:** Jamaica

**Manuscript submission date:** 2021-09-01

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-09-06 19:57

**Reviewer performed review:** 2021-09-09 20:52

**Review time:** 3 Days

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<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
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<td>[ ] Minor revision</td>
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<th>Re-review</th>
<th>[Y] Yes</th>
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SPECIFIC COMMENTS TO AUTHORS
There are no figures or diagrams and tables insufficient, so the Manuscript sees boring to the readers in spite of the good data included.
Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 71241

Title: Evolving roles of magnifying endoscopy and endoscopic resection for neoplasia in inflammatory bowel diseases

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05562061

Position: Peer Reviewer

Academic degree: MD, MS

Professional title: Assistant Professor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: Jamaica

Manuscript submission date: 2021-09-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-24 15:08

Reviewer performed review: 2021-09-29 18:32

Review time: 5 Days and 3 Hours

Scientific quality

[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good
[ ] Grade D: Fair [ ] Grade E: Do not publish

Language quality

[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing
[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection

Conclusion

[ ] Accept (High priority) [Y] Accept (General priority)
[ ] Minor revision [ ] Major revision [ ] Rejection

Re-review

[ ] Yes [Y] No
SPECIFIC COMMENTS TO AUTHORS
Well written and organized mini-review that summarizes current literature on important topics: the utility of pit patterns or use of NBI to diagnose neoplastic lesions, as well as the feasibility and outcomes of endoscopic resection to remove these lesions in IBD patients. The only revision I will make refers to the "core tip" should be brief and stay focused on the-purpose of this review.
Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 71241

Title: Evolving roles of magnifying endoscopy and endoscopic resection for neoplasia in inflammatory bowel diseases

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 04022823

Position: Peer Reviewer

Academic degree: FEBG, MD, MSc

Professional title: Consultant Physician-Scientist, Doctor

Reviewer’s Country/Territory: Greece

Author’s Country/Territory: Jamaica

Manuscript submission date: 2021-09-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-09-26 17:05

Reviewer performed review: 2021-10-07 16:11

Review time: 10 Days and 23 Hours

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| Re-review          | [ ] Yes | [Y] No |
SPECIFIC COMMENTS TO AUTHORS
This is a narrative review of magnifying endoscopy with chromoscopy or NBI in ulcerative colitis patients. It is important to change the title by replacing “….in inflammatory bowel diseases” for “….in ulcerative colitis” because all included studies are referred to UC patients. The same applies to other titles. In “Utility of magnifying chromoendoscopy for IBD” it is better to omit the observational study with reference number 9 because it includes a small number of lesions and it adds little value as it is presented between studies with higher accuracy like an RCT and a multicenter prospective study. Later on, at the same chapter it is better to omit the study with reference number 16 as it is too old to make a difference when discussing modern technology in image acquisition. At the final sentence it is said that “high sensitivity to rule out neoplasia”. Sensitivity is used as a measure of the adequacy of a method to detect a lesion or condition and not as a tool to define absence of it. Probably is better to use the term NPV (negative predictive value). In the chapter of endocytoscopy, it is mentioned for the first time with reference no 26 the term of artificial intelligence. It would be better if a broader search for similar bibliography was added in this review. A useful review needs not only to exhibit the published studies but also to provide insight and give reasonable explanations to the results and conclusions of the literature that is presented. Following this notion, it would be better to comment on the reasons and limitations that drive the low sensitivity and in some studies even low specificity of the magnifying chromoendoscopy as it is presented in table 1 causing a confusion regarding the real contribution of this method. The same applies as to what reasons are responsible for the very low sensitivity of JNET classification of magnifying NBI in
contrast to the more reliable Nishiyama classification

At the end, it is prudent to have a

language polishing
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: FAAASLD, MD

Professional title: Professor

Reviewer’s Country/Territory: Egypt

Author’s Country/Territory: Jamaica

Manuscript submission date: 2021-09-01

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-01-06 03:59

Reviewer performed review: 2022-01-06 07:23

Review time: 3 Hours

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SPECIFIC COMMENTS TO AUTHORS
Thanks for fulfilling all the requirements