

## Sample Peer-Review of a Fictitious Manuscript

### Reviewer A's Comments to Authors:

This is a prospective study that analyzed the factors associated with cancer progression after EMR of Barrett's esophagus with high-grade dysplasia. Eighty patients underwent EMR and were followed every 3 months for 1 year, and every 6 months thereafter for 3 years. Cancer progression was detected in 10%. Using multi-variate analysis, the authors noted that the presence of nodules on Barrett's mucosa and length greater than 4.5 cm were associated with cancer progression after EMR.

### **Major Comments:**

1. There was informed consent from patients but no IRB approval was mentioned. Were the patients given the option to undergo conventional care (i.e. surveillance without resection)?
2. Disclose conflicts of interest of the authors, including equipment loaned or given from medical device industry.
3. **Methods.** Mention the experience of each endoscopist with this type of procedure (i.e. the number of procedures performed before the study). Also mention the mean duration (minutes) of EMR, to give the readers some insight on clinical application and practicality.
4. Patients. Were there patients who received endoscopic ablative therapy (such as PDT, laser, etc) prior to entering the study? This should be part of the exclusion criteria.
5. Completeness of resection or "negative margins" after EMR should be part of the outcome measured, as done by previous authors (references given). This is an important outcome that should have been analyzed by multivariate analysis.
6. Give details regarding follow-up examinations. The authors used chromoendoscopy for surveillance. Was biopsy obtained from stained and unstained areas? From visible lesions only?
7. A paper by (reference given) showed the value of EUS for surveillance after EMR. State if EUS was used, how often, and how it affected management.

8. **Results.** The authors stated that the dropout rate was 5%. However, figure 3 shows cancer progression after 3 years in 8 out of 45 (not 80) patients, suggesting that the dropout rate was actually 44%.
9. The authors stated there was no statistically significant bleeding post-EMR. The authors should state the exact number of patients who bled post EMR (both major and minor bleeding). This should partly assuage the readers that complications were not underreported.
10. Tables 3 and 4 provide similar information and may be combined into one table.
11. **Discussion.** There was no mention of the limitations of the study, one of which is the apparently high dropout rate. Also, mention how your results compare to (reference given to author) another study which was published very recently.

#### **Minor Comments**

1. Figure 1 showed median values but the text showed mean values.
2. Figure 4 (endoscopic technique) is not very clear and does not show distinct details in the background. Because this can be very helpful to the reader, the author should replace this with a better quality photograph.

#### **Associate Editor's Critique of Reviewer A**

##### **Ability to identify strengths and weaknesses of the study**

Although it raised important questions on the validity of the study, the review says nothing about the strength of the study, or whether the research question was important and if the study was original.

##### **Constructiveness of comments**

The reviewer provided constructive comments to the author.

##### **Level of detail of the review**

The review is fairly detailed, but the reviewer missed inconsistent data between text and figures, which is a minor oversight.

**Substantiation of comments**

The reviewer made comments on the presentation with references.

**Was the review biased?**

No

Reviewer B's Comments to Authors:

This manuscript tries to identify clinical and endoscopic features that would help predict cancer progression after EMR of Barrett's esophagus with high grade dysplasia. The following are my comments and critique:

**General:**

1. The manuscript needs to be edited for grammar and syntax.
2. Abstract. This is too wordy and unhelpful. We do not need to read a litany of information in the introduction.
3. First paragraph: The authors introduce the term EMR for the first time, and need expand the abbreviation here.
4. This study is useless because there have been larger trials that have shown similar findings.

**Methods:**

1. What was the definition of a high-grade dysplasia? Did more than one pathologist confirm high-grade dysplasia?
2. What was the definition of ulcer and nodules found on Barrett's mucosa? What size?
3. The authors used endoscopic-cap method. This should be explained more clearly.

**Results:**

1. Under 'characteristics of the patients included': How many had esophageal strictures?
2. There is a discrepancy between the total number of patients in table 1 and the text. Which is correct?

**Discussion:**

So, based on these findings, how do we proceed with managing Barrett's esophagus with high-grade dysplasia? Do you feel the current data (yours and others) support EMR? Please elaborate and discuss.

*Associate Editor's Critique of Reviewer A*

**Ability to identify strengths and weaknesses of the study**

The reviewer raised questions on the validity of the study and was able to detect discrepancies between table and text. However, the reviewer mentioned nothing about the apparent lack of IRB approval in the study. Also, there were important points mixed with nitpicking, diluting the impact of the critique. Pick the big battles.

**Constructiveness of comments**

*"This study is useless"*. This comment should be deleted. Instead provide examples of previous work and compare the data. Also, the reviewer should provide specific comments on how to improve the abstract.

**Level of detail of the review**

The review is not very detailed. The critical issues in this paper were not addressed.

**Substantiation of comments**

The reviewer gave no references to support his/her comment.

**Was the review biased?**

No