Reviewer's report

Title: Defining the short-term disease recurrence after Loop Electrosurgical Excision Procedure (LEEP)

Version: 0 Date: 20 Oct 2019

Reviewer: Caio Hartman

Reviewer's report:

Abstract and Key Words

Page 3 - Lines - Suggestion to rephrase: ......31 (14%) women had "major" or "abnormal" findings in colposcopy. Of these, 7(32%), underwent further treatment....

Page 3 - Lines 7-12 - It's not clear to me. If 31 patients had a subsequent visit and 7 underwent further treatment, 24 patients are missing. You wrote 23 had a third negative visit. In the results section, you explain the 1 more patient as a persistent LSIL, but it must be clear since the beginning.

Introduction

Page 4 - Lines 21-22 - Suggestion: suppress "high-grade-dysplasia". Keep only "High Grade Squamous Intraepithelial Lesion / Cervical Intraepithelial Neoplasia" (HSIL/CIN2-3).

Page 4 - Lines 38-43 - Suggestion to rephrase: The current practice and recommendation in Canada is two visits, including cytology, endocervical curettage and colposcopy with biopsy, if necessary, at 6-month intervals......

Page 4 - Line 46: Suggestion: suppress the word "colposcopic" before follow up. I understood you meant follow up with: HPV test plus cytology at 6-months.

Page 5 - Line 7-8: Suggestion: This study aims to quantify the prevalence of disease recurrence (HSIL/CIN 2-3) in the second visit at 12 months, after one negative colposcopic follow-up visit in this unique demographic and treatment modality.
Methods

As the combined technique (LEEP plus Laser) is uncommon, I suggest you to explain in details in which situations this combined technique is used, the main reason to use, and in which situations it is not used, in your service. This is important because you're evaluating recurrence of CIN after this combined technique.

Page 5 - Line 58 - It's not clear to me "LEEPs which were positive for CIN2/3" were excluded..... Diagnostic LEEP s, with positive surgical resection margins for CIN2/3 were excluded.... - Is this what you meant?

Results

Page 7 - Line 14 - I suggest you to describe why 19 biopsies were performed, and which was the criteria to perform or not the ECC in these women because 181 women underwent and ECC at 6 months and 40 didn't (colposcopic findings?)

Page 7 - Line 19 - Add the number 178 before the percentage, and correct the percentage to 80.5% as showed in Table 3. Which was the criteria to perform or not the ECC (19.4% not done) (colposcopic findings?)

Discussion

Page 8 - Line 38-39 - Suggestion: .....having two 'negative' post-LEEP colposcopic assessments..... Add 'and cytologic' after colposcopic.

Page 8 - Line 53 - I suggest you to explain in details the routine of your service. When LASER is indicated? Dou you perform a LEEP with a smaller depth and add LASER technique? You described that (145) 65.6% of your patients did not use LASER.

Page 9 - 3rd Paragraph - Regarding conization depth and obstetrical adverse outcomes, previous studies, show that for HSIL treatment, a conization height up to 10 mm is safe.
Suggestions


I have read and reviewed your article very carefully.

I made some suggestions, as they were my doubts during the reading and probably will be the same questions of the readers.

Main issue to be solved: explain in details the use of LASER in your service. When to use, when no to use and how to use this technique.

Maybe you should compare groups (LEEP x LEEP+LASER) in terms of recurrence.

It's a interesting research.

Best Regards.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No
Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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