

## PEER-REVIEW REPORT

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

**Manuscript NO:** 34064

**Title:** Does the discrepancy in histologic differentiation between a forceps biopsy and an endoscopic specimen necessitate additional surgery in early gastric cancer?

**Reviewer's code:** 03656606

**Reviewer's country:** China

**Science editor:** Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y ] Accept
<input type="checkbox"/> [ Y ] Grade B: Very good	<input type="checkbox"/> [ Y ] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [ ] Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> [ Y ] No	<input type="checkbox"/> [ ] Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [ Y ] No	

### COMMENTS TO AUTHORS

The present study showed that discrepancy between an endoscopic forceps biopsy and a postgastrectomy specimen was associated with higher submucosal invasion, lymph nodemetastasis, and positive EGFR status than non-discrepancy in EGC. The authors concluded that discordance between an endoscopic biopsy and a surgical specimen could be a predictive factor related to poor outcome in EGC. Based on their findings, the authors suggested that patients who have histological discrepancy detected in an endoscopically resected specimen might be considered to require additional surgery. It is not surprising that the discrepancy in histologic differentiation between a forceps biopsy and an endoscopic resection specimen necessitates further radical gastrectomy in EGC patients. In fact, endoscopic mucosa resection was initially used as a diagnostic method because of drawbacks of forceps biopsy. Afterwards, with the development of technique and accessories endoscopic resection become a therapeutic modality for superficial lesions in GI tract. The present study provided useful information for



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treatment of EGC.