

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 42089

**Title:** Submucosal tunneling endoscopic resection for upper gastrointestinal submucosal tumors originating from the muscularis propria layer

**Reviewer's code:** 03476437

**Reviewer's country:** Japan

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-09-27

**Date reviewed:** 2018-10-01

**Review time:** 4 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

I am interested in this manuscript for the efficiency and safety of STER. This manuscript is almost acceptable in my insight. However, I have some comments for this paper, please see below. Miner comments 1: How many cases did you perform



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EUS-FNA before STER? And if there are EUS-FNA cases before STER procedure, please describe the number and the accuracy rate of the examination in your study. Because even if STER is safety procedure however targeted disease is mostly benign lesion, such as leiomyoma. I think that it is better to narrow down to attempt cases with more malignant potential lesions such as GIST. If you only performed few cases of EUS-FNA, please describe the reason without EUS-FNA before STER in the discussion.

2: It was written that the author performed to use a single-accessory channel scope (GIF Q260J/GIF 290J; Olympus) in Materials and methods. However I cannot find GIF 290J in Olympus web site, please confirm it.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

##### ***BPG Search:***

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- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 42089

**Title:** Submucosal tunneling endoscopic resection for upper gastrointestinal submucosal tumors originating from the muscularis propria layer

**Reviewer's code:** 02542439

**Reviewer's country:** Japan

**Science editor:** Xue-Jiao Wang

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**Date reviewed:** 2018-10-02

**Review time:** 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

Reviewer's comment to the author In this retrospective study, authors describe the effectiveness and safety of STER for gastrointestinal (GI) SMTs originating from the MP layer in a large population and compare the feasibility of STER for resection of

oesophageal and cardial SMTs. This result with a large number provides us an important information in the management of GI SMTs. However, I would like to suggest some issues of this article with several comments and criticisms as following.

Major comments

1. What is the preoperative diagnosis for included SMTs? EUS-FNA is generally recommended. Authors should mention it.
2. Authors describe that leiomyomas are the most common SMTs in the esophagus while GISTs are more prevalent in the cardia and stomach in the discussion area. Whereas, STER is mostly indicated for esophageal SMTs, resulting in final diagnosis of mostly leiomyomas and rarely GISTs in this study. Thus, authors should explain the clinical significance that STER is needed for esophageal SMTs.
3. GISTs often occur in the body of the stomach. In this study, is this lesion included? If not, authors should mention the reason. Based on the incidental rate of GISTs on each organ, gastric SMT which often occurs in the body seems to be better lesion indicated for STER.
4. Authors should mention the growth pattern of included SMTs (intra/extra/mixed) and the proportion. If STER is indicated for only GI SMTs with intraluminal growth pattern, authors should describe this limitation in the discussion session.
5. In the introduction session, digestive endoscopic tunnel technique (DETT) was firstly reported by Linghu et al. in 2009[15, 16]. Whereas, I have recognized that the first report regarding DETT was described by Sumiyama K. as follows: Among the new endoscopic interventions based on endoscopic submucosal dissection (ESD) is the submucosal tunneling technique, which involves the introduction into the submucosa of tunnels that permit a safer offset entry into the peritoneal cavity for NOTES. This method, developed at the Mayo Clinic, was initially described as submucosal endoscopy with a mucosal flap safety valve (SEMF). (Ref.: Sumiyama K, Gostout CJ, Rajan E, Bakken TA, Knipschild MA, Marler RJ. Submucosal endoscopy with mucosal flap safety valve. *Gastrointest Endosc.* 2007;65(4):688-694.) Accordingly, the DETT is the same method with SEMF. Authors should investigate



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first-ever report on PubMed repeatedly. Minor comments In the Discussion session, authors should revise the following mistakes: Line 15: few studies have enrolled a large population, making the results less convincing and g further studies necessary [27, 28]. Line 47: Creating a tunnel during STER for cardial SMTs was more difficult than for esophageal SMTs and took a longer amount of time. .

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 42089

**Title:** Submucosal tunneling endoscopic resection for upper gastrointestinal submucosal tumors originating from the muscularis propria layer

**Reviewer's code:** 03479350

**Reviewer's country:** Japan

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-09-27

**Date reviewed:** 2018-10-09

**Review time:** 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The authors investigated efficacy and safety of STER, that is third space endoscopy, for SMTs originating from MP layer in the esophagus and cardia. The study was retrospectively reviewed and had a relatively large number of the patients. There were

several concerns which should be addressed by the authors. Major comments 1. The authors mentioned that the criterion of the endoscopic treatment for gastric GIST was the size with less than 4cm in diameter. However, the authors concluded that the tumor size was the only risk factor associated with a high mitotic index ( $\geq 5/50$  HPF) of GISTs. It should be clearly addressed how many cases showed a high mitotic index. It may suggest that some of the enrolled cases are not indicative of the endoscopic treatment. 2. The enrolled cases were defined as their tumors originated from the muscularis propria layer. When, and how were the histological diagnoses done? Were all the cases derived from MP? It seems doubtful. 3. This study was retrospective study. Therefore, the term of “retrospective” should be indicated in the abstract. 4. In the patients and methods, there were no comments for the rest of five excluded patients. Please describe them. 5. Why was the maximum diameter of the tumor defined less than 35mm. According to the other reports, the tumor was should be limited less than 3cm [1]. Otherwise, there are some reports for the resectable tumor up to 4cm. What do you consider the resectable size of the tumor using STER technique? Please describe in the discussion. [1] Xu et al. Submucosal tunneling endoscopic resection: a new technique for treating upper GI submucosal tumors originating from the muscularis propria layer (with videos). GIE 2012;75:195-199. 6. What kind of the endoscopists did perform STERs? Experts or novice who were supervised by experts? Please describe it. Minor comments 1. In the table, the median of the tumor size was needed to describe precisely. 2. When did the administration of antibiotics begin? Please describe it. 3. There are several mistakes of spelling in the manuscript. Please submit by the native English editing.

## INITIAL REVIEW OF THE MANUSCRIPT

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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 42089

**Title:** Submucosal tunneling endoscopic resection for upper gastrointestinal submucosal tumors originating from the muscularis propria layer

**Reviewer's code:** 03666472

**Reviewer's country:** Japan

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-09-27

**Date reviewed:** 2018-10-13

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SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Dear authors, As a whole, this paper is well written, but I have two suggestions about this article. 1) Authors presented some pictures of two esophageal cases in Figure3 The pictures of the former case seems to be better in the endoscopic ultrasound (EUS) image,

because SMT seems to be derived from the muscle layer in EUS image. On this point, the latter case is difficult to understand it. In addition, other endoscopic images are similar to the former ones. I think it is better to delete the latter case. 2) Instead of deleting the pictures of the latter esophageal case, authors should add the endoscopic images of cardiac SMT. They performed STER for 59 cases of cardiac SMT. Those pictures will be helpful for the readers to understand the procedure of STER.

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##### *BPG Search:*

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