



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 45210

Title: Clinical evaluation of endoscopic resection for the treatment of large gastric stromal tumors.

Reviewer’s code: 00036668

Reviewer’s country: United States

Science editor: Ying Dou

Date sent for review: 2019-01-11

Date reviewed: 2019-01-20

Review time: 5 Hours, 9 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 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

Please describe ratio as a fraction not 21:16 Please say tumor or tumour not both.

Please re-state: In summary, through our research, we have the following four points:Firstly, for endoscopic treatment of gastric stromal tumors with a maximum



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diameter of ≥ 3 cm, we should determine the volume of the tumour based on the preoperative ultrasound. Secondly, endoscopic treatment is safe for 95.5% patients with gastric stromal tumors with a tumor diameter of ≥ 3 cm and a volume of <125 cm³ without endoscopic surface ulcer bleeding and CT liquefaction. Thirdly, for patients with gastric stromal tumors with a tumor maximum diameter of ≥ 10 cm and a volume of ≥ 125 cm³, endoscopic treatment should not be performed. Lastly, oral chemotherapeutics may not be needed for patients with intermediate-risk stromal tumors. Acknowledgments. It has taken three months from putting forward opinions, performing procedures, analyzing data, writing and revising repeatedly to the present manuscript submission. I would like to thank all other authors who have helped me with this manuscript. as follows: In summary, our studies support four findings: First, prior to for endoscopic treatment of gastric stromal tumors with a maximum diameter of ≥ 3 cm, tumor volumes should be evaluated preoperatively by ultrasound. Secondly, endoscopic treatment was found safe for 95.5% of patients with gastric stromal tumors having a tumor diameter of ≥ 3 cm and a tumor volume of <125 cm³ without endoscopic surface ulcer bleeding and CT liquefaction. Thirdly, endoscopic treatment should not be performed for patients with gastric stromal tumors with tumor maximum diameters of ≥ 10 cm and a volumes ≥ 125 cm³. Lastly, oral chemotherapeutics may not be needed for patients with intermediate-risk stromal tumors. Instead of saying: Therefore, a larger sample size multi-center study is needed to confirm. Research reports [28] that the use of imatinib before surgery can reduce the tumor volume and reduce the scope of surgery to improve the radical cure rate. say: Therefore, a larger sample size multi-center study is needed to confirm these findings. Previous reports [28] indicate that the use of imatinib before surgery can reduce the tumor volume and reduce the scope of surgery to improve the overall cure rate. Acknowledgments. It has taken three months from putting forward opinions, performing procedures, analyzing data, writing and revising



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repeatedly to the present manuscript submission. I would like to thank all other authors who have helped me with this manuscript.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
- Duplicate publication
- Plagiarism
- No