

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 45393

Title: Endoloop ligation after endoscopic mucosal resection using a transparent cap: A novel method to treat small rectal carcinoid tumors

Reviewer's code: 02954391

Reviewer's country: Japan

Science editor: Ruo-Yu Ma

Date sent for review: 2019-01-14

Date reviewed: 2019-01-15

Review time: 20 Hours

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

This report is a retrospective study about the utility of endoloop ligation after ESD using a transparent cap. It is interesting. However, this report has some major problems, so it is considered that this paper is inappropriate for publication as it is. Major 1) The



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authors do not address the follow-up method and period. In particular, detailed description of follow - up method and period are required for the patients with remnant tumor after LC-EMR or ESD. 2) In figure 1, the authors should show the scar after endoscopic therapy. Minor 1) In the paragraph of Introduction, is "... the use of nylon ligation in the treatment of rectal carcinoma after endoscopic resection" wrong? Is "...rectal carcinoid..." a correct description?

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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

BPG Search:

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

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 45393

Title: Endoloop ligation after endoscopic mucosal resection using a transparent cap: A novel method to treat small rectal carcinoid tumors

Reviewer's code: 02549032

Reviewer's country: Greece

Science editor: Ruo-Yu Ma

Date sent for review: 2019-01-14

Date reviewed: 2019-01-15

Review time: 11 Hours, 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input 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 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

This is an interesting single center study on local endoscopic treatment of small <1cm rectal carcinoid tumor comparing ESD v/s EMR-LC methods. Both methods had similar good results. The study is interesting. However some issues: 1. Although the authors



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stated that EMR-LC is easier sometimes the position of the endoloop is difficult. Did the authors face any complications such as difficulty in position of the endoloop in the inner end of cup? 2. One major disadvantage of EMR is that it is performed blindly in contrast to ESD, which to our opinion is the standard method of choice for some submucosal tumors. 3. ESD was more time consuming and demanding. However, time is not a taboo, but efficacy is the issue. Obviously high quality ESD has been proved more efficient for en bloc resection in one specimen (R0) than EMR. 4. The authors gave as the sense that ESD resulted in remnant tumors and not EMR. However, none of the three cases with histologically positive margins proved to have remnant tumor during follow up. A comment is necessary. I think this technique is useful in case of absence of ESD availability.

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BPG Search:

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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 45393

Title: Endoloop ligation after endoscopic mucosal resection using a transparent cap: A novel method to treat small rectal carcinoid tumors

Reviewer's code: 03026925

Reviewer's country: Japan

Science editor: Ruo-Yu Ma

Date sent for review: 2019-01-14

Date reviewed: 2019-01-17

Review time: 7 Hours, 3 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:
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<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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		<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 treatment strategies for small <1cm rectal carcinoid tumor comparing ESD with EMR-LC methods. Both methods had similar good results. There were major comments as follows; 1. Essentially, they should compare EMR (not ESD)



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with EMR-LC for investigating the efficacy of EMR-LC more accurately. A comment is necessary. 2. Rate of negative margin in cases of EMR-LC was relatively lower than that in ESD. Some cases, which was not resected en-bloc, may invade into deeper layer, therefore they should discuss about this issue more in detail. 3. For investigating the efficacy of EMR-LC, they should mention about "the burn effect" by electrocautery after EMR. Is LC after EMR really needed? They should compare LC with clip closure. 4. They should show the rate of closure in Table. Closing an endoloop after EMR will need some time, therefore they should mention about the procedure time including the closure time.

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