

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 51631

Title: Clinical Relevance of FDG-PET/CT and Magnifying Endoscopy with Narrow Band Imaging in Decision-making Regarding the Treatment Strategy for Superficial Esophageal Squamous Cell Carcinoma

Reviewer's code: 03726743

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Director

Reviewer's country: United States

Author's country: Japan

Reviewer chosen by: Artificial Intelligence Technique

Reviewer accepted review: 2019-10-24 21:47

Reviewer performed review: 2019-10-24 22:09

Review time: 1 Hour

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 checked="" 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 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



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SPECIFIC COMMENTS TO AUTHORS

In the manuscript entitled, "Clinical Relevance of FDG-PET/CT and Magnifying Endoscopy with Narrow Band Imaging in Decision-making Regarding the Treatment Strategy for Superficial Esophageal Squamous Cell Carcinoma", the authors examine the significance/utility of PET/CT and also magnifying endoscopy with NBI in the evaluation of ESCC and how these relate to depth of invasion and thus treatment strategy. This is an interesting and multi-disciplinary subject, and the manuscript is generally fairly well written. The sample size seems adequate. Perhaps the major concern is what exactly the take home message is, and how this is different than or goes beyond prior reports. Despite reading the manuscript several times, I still could not come away with a succinct conclusion. The only thing I was able to catch on to was that if PET is positive, the lesion is deep (too deep for ESD). What exactly ME with NBI adds to this is unclear, though I think the combination of the two had the best performance(?). Additional and more specific comments and suggestions, many of which can be easily resolved and all of which are intended to improve the manuscript, are provided below: Title: -Quite long. Consider omitting the word "superficial", as this is implicit. Abstract: - It would be helpful if the opening statement could be a bit clearer. For example, instead of "...but it is difficult to evaluate pathological factors related to additional treatment after endoscopic resection (ER).", why not just say "...but determining the appropriate method of resection, endoscopic (ER) vs. surgical (SR), is often challenging." (or something to this effect). -A comma is not needed in the Aim subsection, as the second clause is not independent. -The Methods subsection should clearly state what the primary endpoint was and what additional (secondary) endpoints there were. In other words, it is understood that a database was retrospectively analyzed...but for what (variables)? Tables: -Nicely organized, but a single figure



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which helps summarize the key points or provides a practice algorithm would greatly strengthen the manuscript.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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

BPG Search:

- ☐ The same title
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- ☐ No

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Manuscript NO: 51631

Title: Clinical Relevance of FDG-PET/CT and Magnifying Endoscopy with Narrow Band Imaging in Decision-making Regarding the Treatment Strategy for Superficial Esophageal Squamous Cell Carcinoma

Reviewer's code: 03474649

Position: Peer Reviewer

Academic degree: MD

Professional title: N/A

Reviewer's country: Turkey

Author's country: Japan

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2019-10-27 08:20

Reviewer performed review: 2019-10-30 07:45

Review time: 2 Days and 23 Hours

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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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The manuscript is original and clinically relevant topic especially in Asian population in which Esophageal cancer has high incidence. The study has two major disadvantages and this limitation is mentioned by the authors at the end of discussion section. first is retrospective design of the study and second is lack of Esophageal ultrasound correlation. But the combination of FDG PET/CT scan findings with magnifying endoscopy with narrow band imaging is major originality of this study and makes it valuable. The study is quite well written. On the other hand, the authors reported high FDG uptake in 29 (35.4%) lesions , which is relatively low number. But, the diagnostic performance reflects higher values in terms of sensitivity, specificity and accuracy. This values are incomprehensible. They reported uptake in 29 patients but sensitivity 78-87-93 . It should be explained more clearly. In the abstract, in the first sentence of results the authors used "FDG-PET showed positive uptake in 29 (35.4%) lesions" . In the explanation of PET results, terms of positive uptake not commonly used. Uptake can be described as high / low uptake or SUV values. In the manuscript the authors explained the meaning of "positive uptake" and "visibility". In the abstract section these two words needs brief explanation.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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Manuscript NO: 51631

Title: Clinical Relevance of FDG-PET/CT and Magnifying Endoscopy with Narrow Band Imaging in Decision-making Regarding the Treatment Strategy for Superficial Esophageal Squamous Cell Carcinoma

Reviewer's code: 03362724

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's country: Turkey

Author's country: Japan

Reviewer chosen by: Jin-Zhou Tang

Reviewer accepted review: 2019-11-04 06:59

Reviewer performed review: 2019-11-04 07:29

Review time: 1 Hour

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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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Results helps clinicians for their decisions. I want to learn: 1.You accept PET psitive any focal FDG uptake above the expected background. But what is the expected background ?. Did you find any background values? and Where did you get this value as a reference value? 2.You mentioned that FDG uptake was correlated with circumferential extension, depth of tumor invasion, infiltrative growth pattern, histological grade, vascular invasion, and lymphatic invasion. Could you search any threshold for SUVmax value for these parameters? 3. As I understood, you excluded the patinents with distant metastasis. Was there any difference in SUVmax values and pathological findings between the patients with local lymph node metastasis?

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BPG Search:

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- ☐ Plagiarism
- ☐ [Y] No