



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 53306

Title: The burgeoning study of sentinel-node analysis on management of early gastric cancer after ESD

Reviewer’s code: 02444931

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor, Research Scientist, Senior Lecturer

Reviewer’s country: China

Author’s country: United States

Manuscript submission date: 2019-12-15

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2019-12-17 04:52

Reviewer performed review: 2019-12-23 11:27

Review time: 6 Days and 6 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 type="checkbox"/> Grade B: Minor language	<input type="checkbox"/> Accept (High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Accept (General priority)	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Minor revision	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	topic of the manuscript:
<input type="checkbox"/> publish		<input type="checkbox"/> Rejection	<input type="checkbox"/> Advanced
			<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

In this manuscript, the author presented the current status of EGC treatment in Asia and Western, mainly focus on SNNS and ESD therapy. ESD has become the standard choice of most EGC resection in Japan and other Asia countries, like Korean, while it is not performed much in Western due to the less prevalent of EGC. In Japan, it's considered that SNNS combines ESD could offer a minimal invasion, fewer post-op complications, and better life quality. But in Western, the additional surgery is recommended considering the risk of "skipped metastasis". The author raised the concept of multidisciplinary endeavor in EGC therapy, includes laparoscopic or robotic gastrectomy by surgeons and ESD by GI doctors. The most challenge of SNNS to be standard is the risk of malignancy missing. The author suggested that Western surgeons should follow the typical path noted in Asian studies or learn with surgeons who have done the SNNS before in other diseases (breast) to reduce the ratio of skipped LN metastasis. This review discussed the controversies and potential solutions of SNNS combined with ESD promotion in EGC patients. In my view, there are maybe some other impact factors on SNNS combines with ESD therapy, like financial burdens. The author could discuss this part's impact on further review. The conclusion has great clinical guiding significance, and more related multicenter clinical trials are needed in the future.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 53306

Title: The burgeoning study of sentinel-node analysis on management of early gastric cancer after ESD

Reviewer's code: 02440474

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's country: China

Author's country: United States

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Reviewer accepted review: 2019-12-15 16:45

Reviewer performed review: 2019-12-23 15:11

Review time: 7 Days and 22 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 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

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes 2
Abstract. Does the abstract summarize and reflect the work described in the manuscript?
Yes 3 Key words. Do the key words reflect the focus of the manuscript? Yes, but
suggest the authors to replace the "D2 lymphadenectomy" with "lymphadenectomy".
4 Background. Does the manuscript adequately describe the background, present status
and significance of the study? Yes 5 Methods. Does the manuscript describe
methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate
detail? Unavailable 6 Results. Are the research objectives achieved by the
experiments used in this study? What are the contributions that the study has made for
research progress in this field? Unavailable 7 Discussion. Does the manuscript
interpret the findings adequately and appropriately, highlighting the key points
concisely, clearly and logically? Are the findings and their applicability/relevance to the
literature stated in a clear and definite manner? Is the discussion accurate and does it
discuss the paper's scientific significance and/or relevance to clinical practice
sufficiently? Unavailable 8 Illustrations and tables. Are the figures, diagrams and
tables sufficient, good quality and appropriately illustrative of the paper contents? Do
figures require labeling with arrows, asterisks etc., better legends? Yes? the figures
and tables are sufficient. But the title of table 1 should be modified. 9 Biostatistics.
Does the manuscript meet the requirements of biostatistics? Unavailable 10 Units.
Does the manuscript meet the requirements of use of SI units? Unavailable 11
References. Does the manuscript cite appropriately the latest, important and
authoritative references in the introduction and discussion sections? Does the author
self-cite, omit, incorrectly cite and/or over-cite references? Yes 12 Quality of
manuscript organization and presentation. Is the manuscript well, concisely and



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coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial;(3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Unavailable 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Unavailable

Manuscript Peer-Review Specific Comments To Authors:* Please make your specific comments/suggestions to authors based on the above-listed criteria checklist for new manuscript peer-review and the below-listed criteria for comments on writing. The criteria for writing comments include the following three features: First, what are the original findings of this manuscript? What are the new hypotheses that this study proposed? What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study? The authors performed a review regards to the sentinel-node analysis on management of early gastric cancer after ESD. Second, what are the quality and importance of this manuscript? What are the new findings of this study? What are the new concepts that this study proposes? What are the new methods that this study proposed? Do the conclusions appropriately summarize the data that this study provided? What are the unique insights that this study presented? What are the key problems in this field that



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this study has solved? In this article, the current perspective and hesitation about SAAS in EGC with ESD were stated and analyzed. Third, what are the limitations of the study and its findings? What are the future directions of the topic described in this manuscript? What are the questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next? How might this publication impact basic science and/or clinical practice? The SAAS may be a promising method for predicting sentinel node metastases, but the available reports were limited to generate the indisputable conclusion. If the SAAS status can be available before ESD, it will be more valuable for avoiding the incurable ESD. If the peer-reviewer has special, important comments or questions about the manuscript, please submit them below: The potential LN metastasis is a big challenge for ESD. In the studies reported previously, the SAAS was developed to precisely detect the LN metastasis and provided promising results. But the results in the available reports were limited and divers. This review provides a general overview for us. But some changes need be made. 1. All of the SAAS is performed after ESD? If not, please modify the article title. 2. it would be better for replacing the keyword “D2 lymphadenectomy” with lymphadenectomy. 3. The title (Early gastric cancer) of figure 1 is not appropriate. 4. In the table 1, the “intestinal” and “diffuse” should be changed into “differentiated” and “undiferentiated”. 5. Before the statement of sentinel node, a brief introduction and clinical significance ware required to add. 6. Why the SNNS was performed after the ESD, not before ESD? If the positive result was detected in before endoscopic operation, the surgery (laparoscopic / traditional) can be used to replace the ESD for avoiding the incurable resection. 7. Some grammar errors were observed, please check it completely. 8. Give a brief introduction before the statement about skipped metastases. 9. For the structure of this review, the paragraphs should be arranged in a logical order for improving readability. For example: LN metastases status is unknown in EGC patients with ESD, method for predicting the



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LN metastases, sentinel nodes and its value, Techniques for detecting sentinel nodes, the diagnostic effectiveness of SNNS, other challenges for SNNS (Skipped metastases, lesion location), the current perspectives and controversies,and so on. 10. If the basic research related to SAAS had reported previously, you can mention and discuss some of them.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- Duplicate publication
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- No

BPG Search:

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- Plagiarism
- No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 53306

Title: The burgeoning study of sentinel-node analysis on management of early gastric cancer after ESD

Reviewer’s code: 02542639

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s country: Japan

Author’s country: United States

Manuscript submission date: 2019-12-15

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-16 01:40

Reviewer performed review: 2019-12-24 10:03

Review time: 8 Days and 8 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 type="checkbox"/> Grade B: Minor language	(High priority)	<input 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 checked="" 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 type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input checked="" 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

Major Revision 1. Title The style of this paper is a “review”. So, their title “The burgeoning study of sentinel-node analysis on management of early gastric cancer after ESD” is not suitable. I recommend authors to change their title or to omit the word of "Study" from their title of this paper. 2. Conclusion Authors concluded that “It is inevitable that SNNS following ESD does not become an option in the management of EGC; especially for patients who are older, have significant comorbid disease and prefer avoidance of significant organ resection.”. Is it true? From their manuscript, I felt their conclusion should be “It is inevitable that SNNS following ESD becomes an option in the management of EGC”. 3. Table1 The author's statement of “table 1” is mistake. The Japanese guideline 2018 indicates that less than 2cm and diffuse type gastric cancer can be treated endoscopically, because of following study. Takizawa K, et al. A phase II clinical trial of endoscopic submucosal dissection for early gastric cancer of undifferentiated type. Jpn J Clin Oncol 2013; 43: 87-91.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Endoscopy

Manuscript NO: 53306

Title: The burgeoning study of sentinel-node analysis on management of early gastric cancer after ESD

Reviewer’s code: 03726789

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer’s country: South Korea

Author’s country: United States

Manuscript submission date: 2019-12-15

Reviewer chosen by: AI Technique

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Review time: 9 Days and 5 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 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 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:
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SPECIFIC COMMENTS TO AUTHORS

In this study, the authors review many reports on the performance of SNNS in conjunction with ESD for organ preserving. It is well organized from various perspectives, so it will be useful to readers. I think everyone knows the advantages of doing SNNS after ESD to check node status. However, there is no standardization or validation for SNNS at this time. In addition, the disease-free survival of EGC after ESD is known to be very high. Therefore, consideration should be given to the benefits and risks of minimal surgery but additional surgery with general anesthesia. Considering the sensitivity and negative predictiveness of SNNS, we also need to consider the benefits and risks. If the authors add comprehensive opinions on the conclusions of the standardization and validation to confirm the usefulness of SNNS in the [conclusions section], the reader can understand the clearer message.

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