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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 86123

Title: Efficacy of multi-slice spiral CT in assessing gastric cancer recurrence among patients after endoscopic submucosal dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07746164
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Associate Professor
Reviewer's Country/Territory: Poland
Author's Country/Territory: China

Manuscript submission date: 2023-07-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-06 02:51

Reviewer performed review: 2023-07-18 08:09

Review time: 12 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I found the manuscript entitled "Efficacy of multi-slice spiral CT in assessing gastric cancer recurrence among patients after endoscopic submucosal dissection" original, very interesting, well-structured and with huge impact on clinical diagnoses. Early screening and diagnosis of gastric cancer is imperative to prolonging the life of patients. Patients with early gastric cancer undergoing ESD still face the possibility of recurrence, thus should be subjected to early screening. This retrospective study explored the role of CT recurrence assessment in EGC patients who were treated with ESD. The results showed that enhanced CT has superior diagnostic efficacy, but less accuracy, compared to gold standard techniques in patients with recurrent early gastric cancer. Comments/suggestions: 1. Title and key words - well chosen. 2-The abstract summarized and reflect the described in the manuscript. 3. Introduction contains the most important data to support the importance of the study. 4. Material and methods - the paragraphs are generally well structured and explained. 5. Results section is well and clearly presented with pertinent statistics. 6. Discussion - well discussed, not only emphasizing the clinical application and potential limitations of this study, but also

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discussing the direction of future research. 7. Good quality of the Tables. However, please supplement the scale of the immunofluorescence diagram shown in Figure 1. 8. References –appropriate, latest and important.

Reviewer #:

please supplement the scale of the immunofluorescence diagram shown in Figure 1. 8.

Response: Thanks for your comments. it was pity that we only presented Histopathological examination results, and we did not collect patients' immunofluorescence diagram.

References –appropriate, latest and important.

Response: We have renewed our References.

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Manuscript NO: 86123

Title: Efficacy of multi-slice spiral CT in assessing gastric cancer recurrence among patients after endoscopic submucosal dissection

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07746206
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2023-07-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-07 06:50

Reviewer performed review: 2023-07-18 10:14

Review time: 11 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

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Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is well written and very understandable for the reader even if he is not a specialist. Although the results of this study showed that the sensitivity and specificity of diagnosis were 44.22% and 43.86%, respectively, which were far from satisfactory. However, the AUC values of arterial and venous CT values for recurrent EGC were greater than 0.5, indicating that enhanced CT can predict EGC. Therefore, the authors could conclude that although the accuracy is low, the diagnostic efficacy of enhanced CT is still better than that of gold standard technology in patients with recurrent early gastric cancer. This article reviews the value of multi-slice spiral CT in early screening of gastric cancer. It's an interesting study; however, I have the following questions and comments: 1. As mentioned in the article, It was approved by the department of Radiology. Is it approved by the Ethics committee of your hospital? 2. For Table 1, the gender statistics are for all 1362 patients who meet the inclusion criteria, but the following Location, tumor depth and lymphovascular invasion are for 677 subjects with recurrence. I recommend that the number of relapsed and non-relapsed patients also be included in the Table 1, otherwise the present presentation will be confusing. 3. It is

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recommended to add a flow chart to show the relationship between all the people search and those who finally meet the required inclusion criteria and relapse. I recommend accepting this manuscript for publication after a minor editing.

Reviewer #:

1.As mentioned in the article, It was approved by the department of Radiology. Is it approved by the Ethics committee of your hospital?

Response: Thanks for your comments. This study was approved by the Ethics committee of our hospital, and we added this information in our article.

2. For Table 1, the gender statistics are for all 1362 patients who meet the inclusion criteria, but the following Location, tumor depth and lymphovascular invasion are for 677 subjects with recurrence. I recommend that the number of relapsed and non-relapsed patients also be included in the Table 1, otherwise the present presentation will be confusing.

Response: Thanks for your comments. We have renewed the Table 1.

3. It is recommended to add a flow chart to show the relationship between all the people search and those who finally meet the required inclusion criteria and relapse.

Response: Thanks for your comments. We have added a flow chart in our manuscript.

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