

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 86245

**Title:** Direct cost variance analysis of peroral endoscopic myotomy vs heller myotomy for management of achalasia: A tertiary referral center experience

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03732254

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Chief Physician, Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-07-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-22 07:23

**Reviewer performed review:** 2023-07-22 16:00

**Review time:** 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

This study tried to compare the direct cost effectiveness of POEM vs. LHM. Although the conclusion showed that the cost for POEM was significantly lower than for LHM, but the small sample size cannot reflect the real results. At present, POEM is the main treatment method for Achalasia compared with LHM, but the high incidence of gastroesophageal reflux after POEM maybe increase the cost, such as PPIs. The long term follow-up after POEM and LHM could show the postoperative related cost. In addition, English language and wording need to be elaborated. Often the text is not very fluent. Language editing is highly warranted.

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**Reviewer's code:** 01445924

**Position:** Peer Reviewer

**Academic degree:** N/A

**Professional title:** N/A

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** United States

**Manuscript submission date:** 2023-07-08

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-07-08 15:46

**Reviewer performed review:** 2023-07-26 11:33

**Review time:** 17 Days and 19 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous
	Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No

## SPECIFIC COMMENTS TO AUTHORS

In this paper, the authors compared the costs related to the two most effective treatments for achalasia, LHM and POEM. They found that POEM is 6.7% cheaper than LHM, mostly related to the in-hospital costs, OR costs and an average one-day longer hospital stay. The paper is attractive, especially if one wants to push the use of POEM over the long-established LHM. POEM has its merits, and does not deserve to be chosen based on this cost difference (that, by the way, is half, or even less, than that one usually gives to the waiter in a restaurant, i.e., 15% or more of the overall meal cost). In any case, the paper has some important flaws (some correctly acknowledged by the authors):

1. Even if there were no differences in the parameters between the two groups, there was no matching between the patients. One should better explain why POEM or LHM was chosen: was the patient seen by a gastroenterologist (= POEM)? or by a surgeon (=LHM)? Were other factors influencing the choice. A RCT or at least a propensity score matching could have been more sound.
2. There is no mention to the learning curve for both procedures
3. There is no mention to the radiological stage of the disease: a dilated esophagus, especially if sigmoid in shape, could result in more frequent aspiration episodes, thus increasing the postoperative costs (ICU, IV antibiotics, etc)
4. One year follow-up, in such a limited number of patients, is too short. And since the recruitment of the patients stopped in 2020, I wonder why a longer F/U was not possible. We know the results of LHM and POEM slowly fade over the years, so extra costs for recurrences should be considered in a longer run,
5. Last but not least, there is no mention of post-hospital costs, such as PPI consumption, post-op tests for symptoms, new treatment for recurrences, etc. The authors correctly stated that GERD is more

frequent after POEM than after LHM, but no consideration was given to this fact. Nor was consideration given to the post-operative tests eventually "performed dependent on patient symptomatology and recovery". I will be happy to review a revised version of this paper

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 01445924

**Position:** Peer Reviewer

**Academic degree:** N/A

**Professional title:** N/A

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** United States

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**Reviewer chosen by:** Jing-Jie Wang

**Reviewer accepted review:** 2023-08-26 10:59

**Reviewer performed review:** 2023-08-26 12:03

**Review time:** 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

The authors somewhat improved the paper. However: 1. The number of patients (15) in the 2 groups is too small 2. The allotment to one or the other treatment was equivocal and not fully explained in the revised manuscript. Since X-ray evaluation is non available, one can suppose that Stage IV disease (> 6 cm and sigmoid) were referred to surgeons more than to gastroenterologist, 3. The follow-up of 1 year is too short