

CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number: 22

Manuscript word count: 3850

Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	<p><i>General Information of the Manuscript</i></p> <p>Name of journal: World Journal of Clinical Cases</p> <p>Manuscript NO.: 68608</p> <p>Column: Retrospective Study</p> <p>Title: Endoscopic ultrasonography diagnosis of gastric glomus tumors</p> <p>Authors: Bing Bai, Chong-Shan Mao, Zhen Li and Sheng-Li Kuang</p> <p>Reviewer code: 05046517, 03259026, 05429162, and 05429162</p> <p>First decision: 2021-07-01 23:20</p> <p>Scientific Editor: Yun-Xiaojian Wu</p> <p>Date of signature: <u>9/17/2021</u> (month/day/year)</p>	[Y]
2	<p><i>Editorial Office's Comments</i></p> <p>Science Editor: 1 Scientific quality: The Unsolicited Manuscript describes "Endoscopic ultrasonography diagnosis of gastric glomus tumors". The topic is within the scope of the WJG. (1) Classification: Grade B, Grade C, and Grade C; (2) Summary of the Peer-Review Report: (05696250): Major points [2. Material and methods-2.1 patients and case selection] 1) The authors described that 9 cases out of 12 cases underwent ESD. As the authors stated, glomus tumors</p>	[Y]

were developed from muscularis propria. Theoretically, tumors from muscularis propria could not completely resected with ESD so that the glomus tumor does not have an indication for ESD. The authors should describe the reason why the tumors were resected with ESD. [2. Material and methods-2.2 Histopathologic Examination] 1) The authors performed immunohistochemistry (IHC) for diagnosis, However, the IHCs were only performed with SMA, h-caldesmon and Vimentin. However, these IHCs were not enough to distinguish the glomus tumors from other types of gastric submucosal tumors. Please consider to perform Calponin, CD34, S100, Desimin and Keratins (Mravic et al. Int J Surg Pathol. 2015 May;23(3):181-8. doi: 10.1177/1066896914567330.) [3. Result-3.1 Endoscopic Ultrasound] 1) The main text in this section is very confusing and readers may not be able to understand what the typical EUS findings are. Please make a table or figure to describe the correlation between morphological types and EUS findings in each case. [3. Result- 3.3 Pathological Features] 1) The authors described the results of histological examination in this section. The authors also described some characteristic EUS findings in previous section (i.e. halos with lower echo, fuzzy inner boundary). Please describe more specific pathological findings comparing with characteristic EUS findings in previous section, so that the readers can easily find why these EUS findings has been occurred. [4. Discussion] 1) The authors stated that “A few cases have metastasis, but most of them are benign.” Although Folpe et al. proposed the

criteria of malignant gastric glomus tumors, we may no longer be able to consider the tumors is “benign” when they have metastases. (Watanabe et al. Br J Dermatol. 1998 Dec;139(6):1097-101. doi: 10.1046/j.1365-2133.1998.02574.x). Please reconsider the main text and discuss further. 2) It is uncertain that the symptoms of epigastric discomfort, acid reflux and heartburn were truly correlated with tumor development. Please discuss the typical symptoms of the glomus tumor and whether these symptoms were consistent with those symptoms. (03259026): This is a study of 12 cases of gastric glomus tumor characterised by EUS, CT scan and pathology and seems to be a case series. In the Endoscopic Ultrasound section, it is written in the first line that all lesions were located in the gastric antrum during gastroscopy, but again subsequently it is mentioned that 3 cases had lesions located in the antrum and 9 had in lesser curvature (body) of stomach. Hence, the location of lesion seems to be contradictory, whether whole lesions were in the gastric antrum or some in the antrum and some in the lesser curvature (body) of stomach. It is better to clarify this point. I have some other specific comments regarding the manuscript: 1.Starting letter in the abstract should be capital: objective:to be replaced by... Objective 2.Core tip: Gastric glomus tumor is a rare non-epithelial benign tumor, it is difficult to diagnose gastric glomus with upper gastrointestinal endoscopy.....to be replaced by Gastric glomus tumor is a rare non-epithelial benign vascular tumor and is difficult to diagnose with upper

gastrointestinal endoscopy. 3.Introduction line 1: Glomus tumor is a rare non-epithelial benign tumor....to be replaced by Glomus tumor is a rare non-epithelial benign vascular tumor 4.Introduction line 5: mediastinal lung, nose, pharynx, sacrococcygeal etc.to be replaced by..... mediastinal lung, nose, pharynx, sacrococcygeal region etc. 5.Patient and case selection, last sentence: All patients underwent endoscopic ultrasound and abdominal enhanced CT scan before treatment.....to be replaced by.... All patients underwent endoscopic ultrasound and abdominal contrast enhanced CT scan before treatment. 6.Histopathological examination: last line: immunohistochemical SMA, h-caldesmon and Vimentin were positive as the diagnosis basis.....to be replaced by.... Immunohistochemical SMA, h-caldesmon and Vimentin were positive as the diagnosis basis 7.Endoscopy ultrasound section: Under gastroscope,to be replaced by.... During gastroscopy, 8.Endoscopic Ultrasound section, line 3: 10 cases had smooth hemispherical bulges of the mucosa.....to be replaced by..... Ten cases had smooth hemispherical bulges of the mucosa 9.Computed Tomography (CT) Features section, line 2: CT showed well-defined subepithelial masses with homogeneous soft tissue densities with clear margins with perigastric adipose.....to be replaced by.... CT showed well-defined subepithelial masses with homogeneous soft tissue densities with clear margins with perigastric adipose tissue. 10.Pathological examination section: Giant examination: 9 cases of ESD resection of tumor, 3 cases of partial gastric wall and

	<p>tumor. This sentence is clumsy. Does it mean to say... Gross examination ?? 11.Computed Tomography (CT) Features section, line 5: capillaries The tumor cells.....to be replaced by.... capillaries.The tumor cells 12.The tumor had abundant blood supply, dilated blood vessels were visible in the surrounding muscularis, clear or light red cytoplasm, and no atypia or mitosis.....to be replaced by..... The tumor had abundant blood supply; dilated blood vessels were visible in the surrounding muscularis along with clear or light red cytoplasm, and no atypia or mitosis 13.Discussion section, second paragraph, second last sentence: The lesion was occasionally found by gastroscopy examination in 3 patients, and by fecal occult blood in 2 patients.....to be replaced by... The lesion was found by gastroscopy examination in 3 patients, and by fecal occult blood in 2 patients. 14.Discussion section, second paragraph, last sentence: The data showed that female patients were slightly more than male patients, and the lesions were located in the gastric antrum, which was basically consistent with the literature reports....to be replaced by..... The data showed that female patients were slightly more than male patients, and the lesions were located in the gastric antrum, which was basically consistent with the literature reports. 15.Conclusion section, second sentence: Gastric antrum locating, fourth layer originating, solitary, round slightly hypoechoic with halos at the margins is typical manifestation of gastric glomus tumors.to be replaced by..... Gastric antrum location, origin</p>	
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from the fourth layer, solitary, round and slightly hypoechoic lesion with halos at the margins are typical manifestations of gastric glomus tumors. 16. Based on the endoscopic ultrasound features and the performance of enhanced CT, the diagnosis of gastric glomus tumor can be basically confirmed clinically....to be replaced by.... The diagnosis of gastric glomus tumor can be basically made clinically based on the endoscopic ultrasound features and the performance of contrast enhanced CT [as the confirmatory diagnosis is always by the pathological examination]. (05046517): It is noted that your manuscript needs carefully checking by someone, because there are still some writing errors. For example, the first sentence of the abstract misses a word 'tumor'. Following are some minor comments: (1) The sample size of this study is small and the information provided are limited. (2) No method of contrast-enhanced CT is provided. (3) There is no indication of the inclusion and exclusion criteria of cases, and there may be a preference for selection. (4) There is no summary table for the characteristics of these 12 cases, and the analysis is not comprehensive enough. (5) Figure 2 only provides images of the arterial phase, lacking the portal phase, delayed phase and plain scan, and does not give the arrow mark. (6) Do not point out the differential diagnosis with other diseases, and the specificity of characteristic changes under endoscopic ultrasonography. (3) Format: There are 0 tables and 6 figures; (4) References: A total of 11 references are cited, including 4 references published in the last 3

	<p>years; (5) Self-cited references: There are 0 self-cited references; (6) References recommendations: The authors have cited proper references. 2. Language evaluation: Classification: Grade B, Grade B, and Grade B. 3 Academic norms and rules: The authors provided the Non-Native Speakers of English Editing Certificate. 4 Supplementary comments: This is a Diagnostic and Therapeutic Norms. The topic has not previously been published in the WJG. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance</p> <p>Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".</p>	
3	The fixed headings are copied.	[Y]
4	The title concisely summarizes the main topic of the study and is not too long (no more than 18 words). Words such as 'exploration', 'research', 'analysis', 'observation', and 'investigation' are avoided. The title does not start with 'The' and does not include any Arabic numbers or uncommon abbreviations.	[Y]
5	A short running title is provided (no more than 6 words).	[Y]
6	The authors' full family (sur)names and full/abbreviated first names are listed on the title page and are consistent with those listed in the signed BPG Copyright License Agreement form.	[Y]

7	<p>The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The author’s names are listed in the following format: full family (sur)name followed by abbreviated first and middles names.</p> <p><i>e.g.</i>, “Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the manuscript. All authors have read and approve the final manuscript.”</p>	[Y]
8	<p>The ‘Supported by’ statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.</p>	[N]
9	<p>The ‘Corresponding author’ passage provides the corresponding author’s full first and family (sur)names, abbreviated title (<i>e.g.</i>, MD, PhD), affiliated institute’s name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.</p>	[Y]
10	<p>The Manuscript Tracking information (<i>i.e.</i>, Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor and date for each item, and contain no spelling errors.</p>	[Y]
11	<p>The Abstract section is formatted according to the article-specific style (structured <i>vs</i> unstructured) and word count thresholds, as follows:</p> <p><u>Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight:</u></p> <p>Non-structured abstract that is no less than 200 words.</p> <p><u>Field of Vision, Case Report and Letter to the Editor:</u></p>	[Y]

	Non-structured abstract that is no less than 150 words. <u>Research articles:</u> Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words).	
12	The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.	[Y]
13	The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. <i>World J Gastroenterol</i> 2019; In press	[Y]
14	The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract readers.	[Y]
15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [<i>i.e.</i> , "...computed tomography (CT)"]. First-person pronouns (<i>e.g.</i> , 'I', 'we') are used appropriately to clearly indicate the work performed	[Y]

	by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[Y]
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure (<i>i.e.</i> , chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[Y]
18	Statistical symbols are accurate. Statistical significance is expressed as ^a $P < 0.05$, ^b $P < 0.01$ ($P > 0.05$ usually does not need to be denoted). If there are other series of P values, ^c $P < 0.05$ and ^d $P < 0.01$ are used, and a third series of P values is expressed as ^e $P < 0.05$ and ^f $P < 0.01$. Statistical data is expressed as mean \pm SD or mean \pm SE.	[Y]

19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[Y]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support (<i>i.e.</i> , providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services (<i>i.e.</i> , useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[Y]
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23	Journal references have been verified to ensure that there are no duplicate references and that the PMID numbers are correct. For references not yet included in PubMed: the name of Chinese journals is spelled out using Chinese Pinyin, with the first letter of each word capitalized (<i>e.g.</i> , <i>Shijie Huaren Xiaohua Zazhi</i>); the name of journals in other languages are listed according to indexing information retrieved from Google. Book references are presented with all the information relevant to the electronic version.	[Y]
24	The number of cited references is appropriate for the article type, as follows: <u>Commentary</u> : no less than 50; <u>Review</u> : no less than 100; <u>Article</u> : no less than 30/26; <u>Case Report and Letter to the Editor</u> : no less than 1.	[Y]
25	The ethics-related statements are provided in accordance with the manuscript type (<i>e.g.</i> , Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, <i>etc.</i>).	[Y]
26	The names of the peer reviewers and the scientific editor are present at the end of the paper (<i>e.g.</i> , P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
27	The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables (<i>e.g.</i> , +, -, ×, ÷, *) correctly correspond to the definitions in the footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: Figure 1 Pathological changes in atrophic gastritis tissue before and after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F:	[Y]
28	Split pictures include flow charts, line graphs, histograms, and graphs including text. Unsplit pictures include meta-analysis	[Y]

	diagrams, PCR amplification curves, and survival curves.	
29	The author(s) highlighted the changes made to the manuscript according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with the changes made to the manuscript.	[Y]
31	The revised manuscript is provided (file name: Manuscript No.-Review; <i>e.g.</i> , 870- Review). The letter of peer-reviewers' comments is provided (file name: Manuscript No.-Peer-review(s); <i>e.g.</i> , 870-Peer-review(s)). The response letter is provided (file name: Manuscript No.-Answering reviewers; <i>e.g.</i> , 870-Answering reviewers).	[Y]
32	The related ethics and relevant documents are provided, such as (1) Approved grant application form(s) or funding agency copy of any approval document(s) (file name: Manuscript No.-Grant application form(s)); (2) Biostatistics review certificate (file name: Manuscript No.-Biostatistics statement); (3) Conflict-of-interest statement (file name: Manuscript No.-Conflict-of-interest statement); (4) Clinical trial registration statement (file name: Manuscript No.-Clinical trial registration statement); (5) Institutional review board approval form or document (file name: Manuscript No.-Institutional review board statement); (6) Institutional animal care and use committee approval form or document (file name: Manuscript No.-Institutional animal care and use committee statement), and (7) Signed informed consent form(s) or document(s) (file name: Manuscript No.-Informed consent statement).	[Y]
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38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.	[Y]
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